Oster. 19

WG. 6.

7664. [MSS. of unpublished papers. 5 vols.]
Mostly uncompleted drafts. Contents :

Vol. I

Notes and reports of cases, London, 1872.

' Practical teaching of morbid anatomy ', introductory lecture, McGill (1878?).

' Diagnosis ', outline of a proposed book, *c.* 1888.

' Proposal for a Jenner memorial hospital at Berkeley ', read at Philadelphia, 1893.

Four addresses, without titles : (*a*) to Y.M.C.A. students, 1898, endorsed, ' Just as well, perhaps, that I was ill and could not go ' ; (*b*) to graduates, Baltimore, 1900 ; (*c*) at New York (1900?) ; (*d*) endorsed ' Canada Address '.

Three ' Letters from Paris ' on hospitals, 1903 (and 1909?) ; and ' Medical education in France (memoranda) '.

7664

[1] "Case of Cancer (?)"
[Sir William's notes taken at a clinical lecture?]
endorsed in Sir William's hand: "Univ Coll Hospital
Dr. W. Fox, 22/10/72"

[2] "Emphysema" [Sir William's report on verso pages, on recto notes taken at a clinical lecture(?). Probably one page or more missing]
endorse in Sir William's hand: "(Ringer) 23/10/72"

in cases of death from exhausting disease, in persons of weak constitution & in those who die during violent muscular efforts Attention

I Case of Cancer (?) Univ Coll Hospital Dr. W. 7 ot 12/10/72

æt 65-70

This was a case of Ascites with Haematemesis & some obscurity in the diagnosis resulting from the fact that when in the Surgical wards he had been under treatment for an affection of the left testicle thought to be Cancerous

Dr T. premised by stating that in cases of Haematemesis if you could exclude Cancer & Ulcer of the stomach; in most ~~cases~~ a diagnosis of Cirrhosis would be formed correct and explained how C by contracting the radicles of the V.P. caused congestion of the stomach & finally capillary haemorrhage. He observed on to state that Cancer of Stomach was usually a primary affection & indicated by pain & long continued ~~and~~ persistent vomiting which toward the close might be bloody but that the association of these three symptoms viz Vomiting, Haematemesis and Ascites usually pointed to Cirrhosis A few remarks on Rigor mortis followed, showing its value as an indication of the condition of the internal organs, as to putrescence, which usually came on, at its departure. It goes sometimes

in cases of death from exhausting disease, in persons of weak constitution & in those who die during violent muscular efforts. Attention was then directed to the Barrel shaped Thorax of Emphysema, with its very straight upper ribs & curved lower ones. Cartilages ossified: a senile change (see other side for ors. cart. & bone) Thorax)

On opening the body a large amount of ascitic fluid was found in the peritoneal cavity. At the hilum of the liver no cancer was found

Always open the pericardium and examine the heart first in P.M's. Note the state of the auricles if full, may know death has not resulted from (see p. 21) haemorrhage, but has probably occured from the lungs. Examine the heart in the course of the circulation, opening the auricles by cutting the wall between the venous openings, while in the ventricles keep the line of the septum. The tricuspid valve was a little thickened, this if in the left chamber, might go on to disease, seldom so in the right; which is most commonly only dilated in consequence of disease in the lungs. Pallor of wall of ventricle may result from two conditions 1st anaemia 2nd fatty state of Muscular tissue; in the first the tissue is

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only, near the Diaphragm: there may even become so dense as to modify considerably the percussion note. Traces of a previous tubercular attack are evident from the calcareous masses at one

apex. This, composed chemically of $CaCO_3$, $Ca_3P_2O_8$ & Chol
esterin has resulted from some caseous mass
and by becoming encapsuled forms one mode



is firm & tears in strings in the second it is
crisp and brittle, breaking readily under the
finger. Mitral valves thickened, cartilaginous
& ossified or calcareous, these being probably sim-
ple changes analagous to those in the ribs
The muscular coat of the left ventricle was soft-
& partially fatty - a degenerating heart -
The paleness shown in this condition has been
described as the "faded leaf colour. It is also
a simple change like the arcus senilis of the cornea
This fatty degeneration is often first met with
in bones, but soon becomes more general in the
muscles. At the junction of the posterior flap of
the "mitral" with the aortic valve is usually
of commencing atheroma; which consists essen-
tially of a fatty change in the lining membrane
of the walls of arteries & the valves

Lungs adherent from old disease and Empty seem
- another senile change - may be noticed at the
posterior margins. Pleuritic adhesions thickest poster-
iorly, near the Diaphragm: these may even become
so dense as to modify considerably the percussion
note. Traces of a previous tubercular attack
are evident from the calcareous masses at one

apex. This, composed chemically of $CaCO_3$, $Ca_3P_2O_8$ & Chol
esterin has resulted from some caseous mass
and by becoming encapsuled forms one mode
of cure in so called Phthisis. At another portion
of the lung is seen the other mode of cure viz by
fibrous degeneration, to which the term Obsolescence
is best applied. The rest of the lung are is intensely
engorged, but only that, for it contains air
and floats. A fact connected with Emphysema
& Phthisis is that those are affected with the former
in old age who have had the latter & recovered
from it in their youth. In the Anterior Mediastinum
a thickened mass, about the size of a walnut, indurated, fibrous, with a few vessels &
a little fat was found, may be an altered gland.
Stomach When suspected ulcer cut a little to portion
side of lesser curvature. A considerable amount of
altered blood in this cavity, presenting the grumous
look of vomited so, though a little greener than
usual. Marks of old congestions may be seen here
in the slatey colour, most apparent about the Pylorus
which may or may not have been preceded by
Chr. Inflammation. Scattered here & there, over
the mucous membrane, minute capillary nips
Rectum At the Anterior wall of the rectum, between
it & the bladder, but not involving the latter,
was an irregular portion of circumscribed
peritonitis, the part of the gut being intimately

Emphysema = a morbid enlargement of the air vesicles arising from the bleeding of several vesicles to form one cyst - E. Pneumon. - or the escape of air into

(5)

tissues may be seen which account for the Hæmorrhage and death. There are known as Hæmorrhagic Erosions may undergo one of two changes either cicatrize or else go on to the formation of deep ulcers. M. membrane is also thickened & indurated

Liver weight 3xxxvi much contracted, hard, not nodular but presenting several deep puckerings. On section masses looking like cancer were seen throughout the organ, being somewhat more irregular and diffuse than ordinary, seldom nodular, differing in this point from both Cancer & Syphilitic gummata.

Kidneys The tissues about the right one were matted into a hard irregular mass, which resisted all attempts to obtain the Kidney seperate. On section of this, it was found to be a Cancerous (?) mass involving the major part of the Kidney, while a cyst filled with purulent matter, distended the pelvis, the ureter being small & contracted. Left one comparatively healthy

Rectum At the posterior wall of the rectum, between it & the bladder, but not involving the latter, was an irregular portion of circumscribed peritonitis, the part of the gut being intimately

Emphysema = a morbid enlargement of the air vesicles arising from the bleeding of vessels to form one cyst. - E. vesicular. - or the escape of air into the subpleural or interstitial connective tissue. 1b 2. interlobular.

Further theories, (1) Through immoderate or too prob. inflation of the air cells by preceding continued inspiratory inspiration (2) is the result of excess. mechanical distention of vesic. walls. by expiration not inspiration (3) not a mechan. origin but arises from nutritive derangement of the lung substance, independently of any strain or stretching (4) Humoral, due to a morbid condition, as a rigid enlargement of the thorax which embarrasses the primary divisions, so that dilatation of the air cells is only secondary.

Each true in certain cases, no single would account for all. Two Classes Vicarious & Substantive

Vicarious. Portion of lung shrinks, capacity of thorax remains the same & no collapse of its wall, individual vesicles must fill up the space or else a vacuum would be produced (2) where all vesicles do not partici. alike in filling the space produced by inspi. dilatation. Normally all inflated alike, but if part of the air cells are filled with exudation or serum, they cannot dilate, hence the remaining ones must dilate - vicarious - pattern

Found this in lungs of all who die of Pneu. or Hypo. congest.

[illegible] the common passage of the intestine, such an obstacle may be insuperable. Thus a portion of air is retained in the vesicle. Subsequ. inspirat. add more, which not being able to escape completely, the air cells are finally filled & dilated. Permanent emphysema & retained must not be confounded with

II (Rouge) III 23/10/12

# Emphysema

This was a case of supposed tricuspid disease a murmur at that site was diagnosed, also hypertrophy of the left ventricle. There was considerable adema of the legs and scrotum

Heart large & firm. valves with the exception of the tricuspid, which was dilated, healthy. a narrow slit-like opening existed between the auricle at the position of the foramen ovale L. ventricle abnormally thick, but no other apparent changes.

Lungs; collapsed when removed, dark in colour almost airless, but readily inflated with the bellows; showing the vesicles abnormally dilated, being double or even treble the natural size. The expiration, with the collapsed D.R. & planes might arise either from the obstruction in the heart or else from the capillaries, which would in the collapsed vesicles be most twisted and compressed, thus naturally prevent the free passage of blood

Liver dense firm, pliant, not at all hob-nailed but an excess of connective tissue

(3)

Emp. It may subside completely on the removal of the obstacle, or else does (the cause of Emphy) "But if perm. insp. inflat. be kept up long, the steam produces

(2)

(3) adhesion between pleura. Normally air cell in apices & at back part near spine expand while, though the thoracic wall next them has little or no movement - that in their expansion can only take place by pushing the lung downwards. This where pleura are adherent is impossible since other portions of the lung must adapt themselves especially at ant. & lower border

4) Chronic catarrh of small bronchi is often followed by vesicular Emphysema. If in one part the calibre of the tubes is so narrowed by swelling or accumulated mucus that air enters imperfectly, the part must dilate to supply the deficiency

If Em. arise acutely during a Pneum. or hyperæmia the septa are ruptured, but if it develop slowly as in adherent pleura, they atrophy & become perforated

Substantive Emp. is a more primary & indep. disease also arises prim. unused, & prolong. inflation of cells

Causes. thought to arise as follows. In cases of Catarrh & swelling or viscidity of the bronchial mucous an obstacle arises in the smaller tubes, such may be surmounted during inspiration owing to the powerful muscular efforts made to it, perhaps mainly by the elasticity of the lungs & thorax aided by the counter-pressure of the interior, such an obstacle may be insuperable. Thus a portion of air is retained in the vesicle. Subsequ. inspirat. add more, which not being able to escape completely, the air cells are dilated & distended

Permanent emphysema retains must not be confounded with

II 111 23/10/72

(Rugs) Emphysema

This was a case of supposed tuberculosis disease

(2)

was perceptible, especially in the left lobe, the capsule tore away with difficulty. On section the congestion was seen to start in the centre of the lobules (i.e. the portal system) which was also much depressed. This congestion in the centre, tends through the dilatation of the veins to produce fatty degeneration in the neighbouring cells & also an increase in the fibrous elements of the part. Kidneys R. much larger than the left. both intensely congested in both cortical & medullary portions. M. bodies distinctly seen Capsules torn off with difficulty, especially in the left. Fibrous elements decidedly increased

Stomach. Walls thickened. M. Membrane intensely hyperæmic and much firmer and adherent than normal. Glairy mucus covered it & D.R. Few attention to this as being that condition of stomach, indicated by a similar one of the tongue by a furring, which gave rise to indigestion and by its fermentation to flatulence

Intestines Ramifying, coarse injection combined with the capillaries, pinker, spread over the

(3)

Emp. It may subside completely on the removal of the obstacle & other causes. (the cures of Emphy) "But if perm. insp. inflat. be kept up long, the strain produces structural changes in the vesicular walls, they atrophy grow thin several vesicles blending into one cyst.

Subst. Emp. may also be caused on an Expiratory theory. This occurs in the upper part of the lungs as a result of repeated forcible expirat. with simult. contraction of glottis. In severe parox. of cough, the chest is forc. contracted, but escape of air is prevented by closure of the glottis. In straining & playing on wind instrument same occurs. So in lifting weights. In all, it is the Dia. wh contracts the chest most by its upheaval. The result is a strong current of air from the lower Bronchi, the direct of which is oblig. upwards & if air be prev. from escap. thro the Larynx a portion of it in a compressed state must be driven ~~up~~ the upper Bronchi whose direct is oblig. downward. By degrees this distends the upper & anterior vesicles produces Em. of them

Under the 3rd head or nutritive changes in air walls most cases of inherited Emp. may be placed. Other causes also take part until known to us.

4th. Regard dilatation as a primary disease causing permanent inspirat. expansion it are & in majority of instance the nutri. disorders & go together & arise from the same cause

Interstitial. Emp. arises from rupt. of the air ves. near to the pleura. occurs in violent coughing fits

Mu. membrane of small bowel

Spleen large, firm, of a dark, blk cumulpllg. aspect-

Aorta Just below the diaphragm and involving the caliac axis an aneurismal tumor was found, distinctly sacculated, projecting from the anterior wall, and filled with condensed, laminated clots, which were traversed in several directions by the caliac branches It had been unnoticed during life, but may have accounted for the adema of the legs & in part for the hypertrophied left ventricle The painless onset course of an aneurism involving the anterior wall of the aorta, which usually does in the abdominal portion, from a striking contrast to the destructive, harassing progress of one forming from the posterior wall which usually leads to erosion of the vertebrae & ribs

by its fermentation to flatulence

Intestines Ramifying, coarse injection combined with the capillaries, spread over the

ingested & covered with a layer of lymph. In
this portion of the gut a couple of small nodules
were observed, similar in structure to that in
the mediastinum. On the right lung deposeus
several more of these nodular masses were
found and others were discovered in the
pleura of the lungs in different places, all
of which tend strongly to support the view of it
being a case of general cancer

The Brain was healthy, arteries calcareous. Mem-
branes thickened

fermentation to flatulence

Intestines Rectum, coarse injection combined
with the capillyson, pmen, & ruled over the

On the Practical Teaching of Morbid Anatomy ~~Pathology~~

Part of a lecture entitled

"On the Practical Teaching of Morbid Anatomy being the Introductory Lecture of the Course in Demonstrative Pathology in McGill University. Oct. 5th" [1878 or later as Sir William got his M.R.C.P.(Lond.) in July of that year]

Endorsed in Sir William's hand "Remarks on the Teaching of Morbid Anatomy".

1

# On the Practical Teaching of Morbid Anatomy Pathology

being the Introductory Lecture of the Course in Demonstrative Pathology in McGill University. Oct. 5th. by

William Osler M.D. M.R.C.P. Lond. Professor of the Institutes of Medicine. Physician and Pathologist to the General Hospital. Montreal

Gentlemen

In beginning another course a few introductory remarks will not be inappropriate as We are now in a position to pass judgment upon an experiment, tried for the first time, so far as my knowledge goes, in any of the Schools in this Continent; viz. the establishment of a demonstrative Course in Pathology, after the model of the celebrated one held in the Pathological Institute of Berlin. The results of the past two session have more than fulfilled our anticipations; the attendance was better than had been expected and the amount of interest shown most gratifying. Ample material was forthcoming as you may judge from this fact that over 150 recent specimens, illustrating almost all the common forms of disease, were laid before the class.

I owe the suggestion to my friend Prof Fitz, of Harvard, who, in course of conversation, on my return from Europe, pointedly mentioned the amount of material at our command for Pract. Path., spoke of the great advantage to students of such a class. Having experienced the difficulty of attempting to teach students in the Autopsy-room the manual details, so essential to the

[skip a page]

There are several specimens of great interest for your consideration today and as two of them are specimens of cardiac disease I will demonstrate to you in these sheep's hearts how to dissect this organ. It is our rule, before removing it, to make preliminary incisions into the each cavity in order to estimate the amount of blood contained in each but this does not interfere with the subsequent dissection. ~~The following~~ Following the course of the circulation, the right auricle is opened by an incision extending from the midway between the openings of the cavae to the apex of the appendix; that for the right ventricle follows the ventricular groove from the cusps of the pulmonary artery in front to behind, keeping close to the septum. An incision passing from partly exposes the left auricle. The opening of the left ventricle requires more care; the first incision is parallel with the anterior ventricular groove, extending from base to apex at about 2" distance from the septum. On separating the lips of this incision the cavity of the ventricle is exposed and the papillary muscles, one in the anterior wall, the other in the posterior, clearly seen; The second incision is made by passing the knife between these muscular bundles from and so cutting a triangular shaped piece, which has the anterior papillary muscle attached to it. In this way the segments of the mitral valve, and chordae tendineae, are beautifully shown, very much better than if the incision for the left ventricle is carried, as in right, all round the septum. Before opening the arterial

[skip a page]

of the question than the scientific for as practicioners
the most of the post-mortems you will have will be for the Coroners
If we look over the records of criminal and other cases
in which medical evidence comes before the Court, and
the unseemly spectacle is presented to the public of one array
of professional talent on either side, how often do we find
that the discordance arises from the fact that the post-mortem
record is shockingly imperfect, sometimes terribly so, when,
perhaps, the reputation of a brother practicioner may be at
stake or the life of a fellow creature be in jeopardy + +
It would be well if the authorities were to issue to the
Coroners schedules similar to those published by the German
Government in which the order of examination is laid
down and definite information respecting each organ
asked for. It is only by following a rigid system of
inspection that you can avoid mistakes, and at the
same time
insure thoroughness in the examination. We have had
many illustrations of the importance of this habitual
dissection of all the organs; many unexpected lesions
and interesting specimens have been met with, as for example, an
aneurism of the hepatic artery, and and primary Cancer
of the Vertebrae

competency of the
orifices the valves should be tested, to see if they are com-
petent by pouring a stream of water into the vessels. The point
to be attended to at this stage of the dissection is, so to make
the incision that it will pass between two of the semilunar
valves and not across the face of one of them. This will require
a little care especially in ~~the case~~ of the aorta, when the
incision should pass between the right & left anterior segments,
in which case the anterior coronary artery is necessarily cut across.
A heart so directed ~~in this way~~ displays ~~shows the relations between~~ as no other method does the
valves and orifices ~~in a way that no other method~~ and moreover the valves of the
~~organ~~ valves are not disturbed so that the organ
~~is~~ is in a good condition for preservation. Nothing has surprised
me more than the careless method of dissecting the heart
pursued in the post mortems rooms of some of the largest
hospitals both in Great Britain & America. ~~I have~~

Remarks on the
Teachings of Mental
Philosophy

Case reports and autopsy reports

Phthisis, Bright's Disease & Delirium Tremens

[one of these at least written after 1852 — in Montreal.
Probably pages removed from a note-book & some are
missing in the series (see nos.) ? not published]

& tending anteriorly far down into the middle lobe

divided below by septa into numerous compartments but entire above. Above & posteriorly, ~~but~~ a mere film ~~small portion~~ of hard lung substance existed between the cavity and

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Case V

## Phthsis

James McCabe æt 28 was admitted to the General Hospital on 10th May with Phthisis under the care of ~~Dr Grainger~~. He ~~was in~~ had been in Hospital about twelve months previous to his present admission under Dr Howard with what was called Muscular Rheumatism, & he then presented no signs of disease of the lungs.. When admitted the disease had progressed to a considerable extent in the right lung, ~~&~~ he was then much emaciated. in fact presented all the signs, physical & general of advanced Phthisis. He stated that almost ever since he left the Hospital he has had a cough with profuse expectoration, night sweats, diarrhoea &c ~~could not account for~~ in ~~in any~~ way ~~did not remember~~ catching cold ~~anywhere~~. Spat up blood several times after the cough coming on. The course of the disease after admission presented no deviations from the usual course of Phthisical cases, viz from bad to worse, He was occasionally subject to attacks of intense dyspnoea, The treatment was as usual palliative & confined chiefly to supporting the strength and relieving the distressing paroxysms of cough & dyspnoea. He died on the 3rd of July, being wasted to a mere skeleton

Sectio Cadaveris

Lungs. both adherent at the apices, Right

V An immense cavity was found occupying the whole apex and extending anteriorly far down into the middle lobe

divided below by septa into numerous compartments but communicating above & posteriorly, ~~but~~ a ~~small portion~~ membranous portion of lung substance & rested between the cavity and the pleural sac. The lining membrane was distinct & readily peeled off. The septa across the lower part seemed to be made up principally of the obliterated vessels & bronchial tubes, the vessels occluded by the clots in the inside. An the cavity about the size of an apple occupied the anterior margin of the lung, containing reddish brown purulent matter. The lung for some distance about this ~~lung~~ cavity was hepatized, & in the rest of the lung tubercles in numbers crowded. Left, apex completely gone cavity the size of an orange, with a distinct lining membrane occupying its place. In the rest of the lung tubercles were scattered with the exception of a small portion behind & among from the outer side, several almond shaped firm bodies could be felt. These on section proved to be masses of tuberculous matter, some by their hardness showing a tendency to calcify others, from the opaque appearance of the centre, looked as though a cavity were going to be formed

Liver ℥ XLVIII, hyperaemic, but otherwise healthy, the gall ducts show no signs of any old disease

Heart ℥ viiss, small flabby. Right ventricle distended with blood, valves all healthy

Delirium Tremens (1) 100

Case VI P. Dunn Aet 33. was admitted into Hospital ~~under the care of Dr Wright~~ on the 5th of July, with Erysipelas of the face, confined affecting principally the right

~~1845~~ (3)

Kidneys Right- $\overline{3}$iii/p Left- $\overline{3}$iii, enlarged, both in Medullary & cortical portions, pmt to the feel, capsule easily detached. Numerous white lines could be seen running pmt the apex of the pyramids, to the capsule & contracting sharply with the redness of the organ

Case VI P. Dunn Aet 33. was admitted into Hospital ~~under the care of Dr Wright~~ on the 5th of July, with Erysipelas of the face, confined affecting principally the right side, but extending also over the scalp. The face was a good deal disfigured by the swelling, and the man to all appearances had been drinking to excess, when admitted he was quite rational and ~~showed~~ exhibited nothing to show no signs of approaching delirium. Towards evening the Erysipelas became much worse, extending over the whole face. Throughout the evening the symptoms quite resemble, though a little restless. ~~and~~ Ordered 3ij of Chloral ~~was administered~~. At Midnight he became delirious, the delirium being of the violent type, accompanied with tremulousness of the muscles and hallucinations, thought men were chasing him, and at one time nearly succeeded in jumping out of the window. After this he was tied down. In the morning he was quieter but continued to rave throughout the day. As evening drew on he appeared much better, but at one o'clock the delirium returned with increased intensity and he was ordered the following. Inst Hyosc 3ij Inst Valerian 3i Ammonium Bromid grs XL but no observable effects followed its administration Nutritive enemata had been administered to him constantly as he had obstinately rejected all food

VI

blood that it was impossible to determine accurately the amount of serous effusion. All the sinuses and veins of the brain were gorged with dark fluid blood. On the removal of the dura mater, nothing striking was observed about the pia mater, beyond the full

condition of the vessels. no effusion existed beneath it
The centrum appeared externally to be of normal consistence
but all the deeper portions of the brain were very soft



(2)

as the night wore on, so he grew worse and about
2 o'clock went into, what from its description, must
have been an epileptic convulsion, lasting about
about an hour, after it had ceased, the Matter became
shorter, eyes fixed, pupils dilated and coma came
on, closing the scene at 3.30 a.m

Sectio Cadaveris. The face was much disfigured by the Erysipelas, swollen and puffy, all redness had however nearly disappeared. The scalp was raised, and adematous
On section the tissues were found bathed in serum and
a considerable degree of congestion existed. An abscess, (the
existence of which was not suspected during life) was
found involving the whole of the right temporal muscle, firmly bound down by the temporal fascia. The
muscle was almost completely destroyed by the sloughing
A bruise was discovered over the right malar bone and
on opening much pus escaped. In the removal of
Brain the calvarium much blood escaped from the veins
of the diploe, and An accidental thrust of the Knife
into the longitudinal sinus, caused such a flow of
blood that it was impossible to determine accurately
the amount of venous effusion. All the sinuses and
veins of the brain were gorged with dark fluid blood
On the removal of the dura mater, nothing striking
was observed about the pia mater, beyond the full

101

103.

condition of the vessels, no effusion existed beneath it
The cerebrum appeared externally to be of normal consistence
but all the deeper portions of the brain were very soft
The puncta vasculosa ~~were very~~ distinct. The fluid
of the ventricles was not in excess. The choroid plexus ~~was~~
by dati diform

Heart- ℥ XIIII Right heart distended with blood, valves and
arteries quite healthy. The blood throughout the whole
body was in a fluid state, with the exception of some small
clots entangled in the valves of the pulmonary artery

Liver ~~℔s~~ 4. 0 7, firm large, and ~~intensely~~ hyperæmic
but not to the same degree as the other viscera

Kidneys R ℥ VII ℈ L ℥ VIII. very firm, capsule easily detached
Intensely hyperæmic in both cortical and medullary
portions

Spleen ℥ X. Extremely soft, held together solely by its capsule
an old cicatrix existed on the surface

Lungs Large, melanotic, and intensely congested, other-
wise quite healthy

Intestines. Quite normal

Cremated on the 1st July

IV

~~194~~ (2)

~~193~~ (1)

Case IV

## Bright's disease

R. Devries at 69 an intemperate man was admitted to Hospital on the 13 of april under Dr Kaezer suffering with general anaemia & all the symptoms of renal disease (He had been an intemperate man for years) but the present attack could not be traced to any previous attack of acute nephritis. He had been in Hospital about 18 months previously with dropsy but got better & went away. On admission there was nothing very urgent about his symptoms, he was passing a moderate amount of water daily & the anasarca was confined chiefly to the lower limbs and scrotum. Occasionally all the symptoms would be aggravated & the so called uraemic poisoning would develop itself. He went on in this way till about the middle of June when another attack of uraemic coma preceded by constant vomiting set in, the anasarca became much worse, scrotum was of an immense size & began to slough. Effusion gemmed into the pleura & oedema of the lungs came on, causing great dyspnoea & a harassing cough. Under these influences combined he sank & died comatose on the 1st of July

IV

~~191~~ (2) 21

Sectio Cadaveris

The face & body much emaciated. ~~the~~ Anasarca was confined to the lower limbs & scrotum ~~alone~~. Sloughing had taken place in the scrotum, ~~[illegible]~~ on the front of the the right leg & was commencing in the groin. ~~On opening~~

Pleural Sac ~~the thorax~~ (the pleural sac^(3) was^(2) found filled with (serum to^(1) ~~the~~ amount of 72 oz.) the lungs apparently floating in it

Lung Melanotic, œdematous, sodden throughout. On section ^thin quantities of frothy serum could be squeezed out. Otherwise they appeared normal, no traces of ^lesion old

Spleen ℥iv. very soft. & dark red in colour

Heart ℥xi Nothing remarkable was observed about the heart both sides filled with dark blood & clots. No affection of any of the valves existed

Liver 56 oz. Pale & bloodless ~~[illegible]~~ ^surface smooth & shining, [illegible] examination showed ^also degeneration signs of fatty degeneration.

Stomach walls thin & some dark deposit in the course of the vessels. About three ounces effused in the peritoneal sac. Small intestines quite healthy. No urine in the bladder at time of death

I regret that the ~~examination~~ ^record of this interesting case is so incomplete, but it is as full as the allotted time would allow

The worms still retained some little vitality as shown by the sluggish movements excited on the application of a stimulus
While in the intestines, the water-vascular system was be-

189

(3)

Kidneys Right - 3 v/p Left 3 v A great quantity of fat developed the organs & on section it was seen to extend up the centre of the pelvis to the calyces. They were pale, firm & enveloped in a capsule detached with difficulty, separating in layers & bringing away portions of the parenchyma, in the places where it did not, disclosed the surface of the Kidney of a finely granular character. There was considerable wasting of the cortex, the pyramids in some places extending to within a few lines of the capsule. Five or six cysts were scattered through the organs, one of them as large as a marble
The sections showed to the naked eye the Malpigian tufts with remarkable distinctness. On microscopical examination they were found larger than natural the increase in size being due to a bulging and irregular dilatation of the tufts. A few of the tufts were degenerated, surrounded with a firm capsule of connective tissue and devoid of any vessels and looking like a. In many a cloudy appearance due to the deposit of granular fat was observed

Examine the Pyramids

I regret that the examination of this interesting case was incomplete, but it was as full as the attached hurry would allow

The worms still retained some little vitality as shown by the sluggish movements ~~excited~~ on the application of a stimulus. While in the intestines, the water-vascular system was beautifully shown in some specimens. This fact of the worms being alive is interesting as proving that they are capable of maintaining an independent existance for some time (the man having been dead 15 hours). With a view of ascertaining how long T. nana would live after being removed from the intestines but kept in contact with animal matter, I took at different times T. nana from the Pike & Dog & having placed them in portions of Skin & surrounded them with peices of liver I found that from twenty four to thirty six hours was the longest period that they could be kept alive. The length of the above worms was respectively 76. 60 & 65 inches & the number of segments amounted in each to between 275 & 350, falling at least 100 segments short of the fully mature sexual segments, some of these however were found lower in the bowel.

This interesting species of Tape-worm as far as I can ascertain has not as yet been identified in Canada. This has arisen not probably from the rarity of the species, but from the difficulty of identifying the segments & from that of T. Solium & the head which alone decides the question & being somewhat difficult to obtain. The experiments of Dr. Leuckart conclusively prove that man obtains T. Mediocanellata from eating the cysticeri developed in calves just as

~~the microscopical examination of sections should contrary to expectation, exhibit fatty degeneration as seen in slide~~ Quantities of fat appear in the slide & most of the liver cells are seen containing fat globules, some of them being entirely destroyed by the excessive development of the fat written there

of nutrition induced by the countless agencies hostile to man's bodily health, bring about those changes which we recognize as disease. In that Trinity of being — of body, mind and soul which so marvelously make up the man, each one has its own special ills & diseases. With the first of these alone, have we anything to do. The second are attended to by those men whose duty it is "to minister to minds diseased" viz Psycologists. While the third, beyond a Physician's skill, seek aid from other sources. The numbers of avenues through which death may reach us, the natural frailty of our bodies, the delicate & intricate machinery which maintains us in a state of health may well make us exclaim with the poet "Strange that a harp of thousand strings, should keep in tune so long." To investigate the causes of death, to examine carefully the condition of organs after such changes have gone on in them as to render existence impossible and to apply the knowledge thus gained to the prevention and treatment of Diseases, is one of the highest objects of the Physician. But to interpret aright the Pathological changes and to appreciate those both the coarser lesions observed by the naked eye as well as those more delicate deviations from the standard of health, revealed to us by the aid of the Microscope, requires qualities such as few possess. In the first place an accurate acquaintance with the condition of organs in the normal condition is essential, & secondly such skill in manipulation as will enable him to prepare specimens suitable for the finer means of research observation and 3rdly an intellect trained by habits of careful research, capable of reasoning on the certain facts adduced and drawing conclusions from them

Kidneys right 5½ oz left 4½. Both hyperaemic. The right one contained several cysts. one the largest about the size of a marble. Slide ( ) represents a section in the vicinity



of it. The ventricles contained with the exception of the fifth a normal amount of fluid. The fifth was of large size & the parts about it considerably softened. Choroid plexus pale & in some places had undergone the hydatidiform degeneration. The granular appearance of the lining membrane of the ventricles, noticed by some writers, was not observed in this case. The weight of the organ was 58½ oz

Lungs. The right was adherent at apex & side, & studded from apex to base with miliary tubercle varying in size from a pins head to a pea. at the apex softening had commenced. The appearance known as grey infiltration was present together with several small cavities, scattered through it. The left lung was like the right completely studded with tubercle but not quite to the same extent, nor had softening commenced at the apex. Both lungs were intensely congested at the posterior part, much blood & frothy mucous escaping on section. No other appreciable changes were observed

Liver weight 4lbs 1oz. This organ was firm to the feel & shows by its appearance signs of commencing cirrhosis. numerous small nodular elevations studding the surface of the organ. The microscopical examination of sections showed contrary to expectation, extensive fatty degeneration as seen in slide. Quantities of free fat appear in the slide & most of the liver cells are seen containing fat globules, some of them being entirely destroyed by the excessive development of the fat within them

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Pathological changes and to appreciate as well the coarser lesions observed by the natural senses, as those more delicate deviations from the standard of health revealed to us by the Microscope, requires qualities such as few possess. In the first place an accurate acquaintance with the condition of organs in a healthy state is indispensable, secondly such skill in manipulation as will enable him to prepare specimens suitable for the finer means of research and thirdly a~~n~~ well trained intellect ~~trained by habits of careful research~~, capable of reasoning on the facts adduced and drawing conclusions from them. To such a standard of excellence it is obviously impossible for a student to attain; well for him if in his students life he lay the foundation by by habits of careful observation, for a superstructure, to be erected as years roll on and experience grows wider. Being fortunate enough to possess that amount of microscopical skill necessary for the preparation of specimens and having a predilection for Pathological Anatomy, at the suggestion of a kind friend I have undertaken to record the results of twenty Post-mortem Examinations for my Graduation Thesis and prepare a few specimens to illustrate. I naturally felt some diffidence in undertaking this, for to record aright what one sees is itself no easy task and one that requires as its basis some knowledge of the distinctions between diseased and healthy states; otherwise mistakes will arise, unimportant lesions which an expert would not think of passing over, a mere tyro would throw aside in ignorance. This I fear may have happened in the present instance and renders the record somewhat imperfect, but in every case where it was possible a doubtful lesion was submitted to the observation of one of the attending Physicians. Another source of imperfection, though

**Kidneys** right 5½ oz left 4½. Both hyperaemic. The right one contained several cysts. one the largest about the size of a marble. Slide ( ) represents a section in the vicinity of a large cyst, through a number of smaller ones scattered about it

**Spleen** ℥v in weight. Soft, friable & intensely congested

**Heart** - weight 11½ oz. looked flabby & weak. Left ventricle filled with clots some of them of pure fibrin, others dark & bloody. Right ventricle was distended with dark grumous clots. many of them interwoven with the columnae carneae. Valves all competent and free from disease

**Kidneys**. In the pyramidal portion the tubes instead of being in juxtaposition are separated from each other in some spots to a distance double of the width tube itself. The calibre also of the tubes seem diminished

**Intestines**, normal

entire apex. The ~~whole~~ of the upper ~~presented~~ diffuse moderate of tuberculous infiltration & the anterior free margin of the middle lobe was affected in a similar manner

III A Pneumonia had been grafted on the original disease as shown by the consolidation of the lower lobe in front.

~~There was~~ hepatization ~~of the lower lobe in front~~; a ~~portion of lung~~ cut from it readily sinking & on pres-

not as serious, as it is a record of Post mortems not of cases—is the scanty history afforded in many of the cases; in fact this part was often the most arduous, but little history having been collected by the Clin clerks. Other imperfections will be noticed, as in some cases, where the brain unavoidably remained unexamined

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tyro would throw aside as ignorance. This I fear may have happened in the present instance and renders the record somewhat imperfect, b in every case which it was possible a doubtful brain was submitted to the observation of one of the attending Physicians. Another source of imperfection, thoug

~~cussion giving a note of moderate dullness~~. Emphysema existed to a considerable degree at the outer part of the middle & lower lobe. Throughout the whole lung

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Case No III

## Phthsis

Robert Taylor was admitted to Hospital on ~~suffering~~ with Phthsis in the second stage. He stated that about eighteen months previously he had taken a bad cold which has ~~had never got rid off~~ clung to him ever since. His primary attack was not such as to lay him up in bed for any length of time, but he described it as an ordinary cold. On admission there was extensive disease in the right lung, commencing softening at the right apex ~~& the~~ with the usual physical signs of the second stage were discovered. At the left apex a few crackles were heard & a slight shade of dullness was perceptible. His progress was from the date of admission steadily downwards, in spite of deceptive periods of freedom from any urgent peril. For a week or ten days before his death, he ~~complained~~ was subject to ~~attacks~~ of severe dyspnoea which several times imperiled his life but never ~~continually of want of breath & All the symptoms~~ from them he sank. ~~gradually and died on~~ ~~were exaggerated & sinking~~ gradually he died on the 29th

Sectio Cadaveris

Lungs R Numerous cavities, some isolated, but most of them connected together & channeled the entire apex. The ~~whole~~ portions of the upper lobe left by the cavities were ~~presented~~ in a state of diffuse tuberculous infiltration & the anterior ~~per~~ margin of the middle lobe was affected in a similar manner. A Pneumonia had been grafted on the original disease as shown by the red consolidation of the lower lobe in front. ~~There was~~ hepatization ~~of the lower lobe in front~~: a ~~portion of lung~~ cut from it readily sinking & on pres-

III

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scanty history afforded in many of the cases; in fact this part was
often the most arduous, but little history having been collected by the Cl

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~~excess giving a note of~~ pneumothorax. Emphysema excited to a considerable degree at the outer part of the middle & lower lobe. Throughout the whole lung except the apex on which a tubercle was scattered. Adhesions of great firmness existed at the right apex extending down to a considerable distance behind. Left lung Slight adhesions ~~at the apex~~ over the upper part behind, commencing softening, with a few cavities. Two spots of apoplexy, one in front & the other at the lower margin of the superior lobe behind were among the most noticeable lesions. Miliary tubercles also were present but not to the same extent as in the right lung. Emphysema was also observed, confined chiefly to the lower lobe. The bronchial glands were much enlarged, melanotic, structure soft; composed principally of immature cells, many of them broken down, some however containing several nuclei. The fibrous stroma was very delicate. Heart weight 3X, clots in both ventricles, of them firm & bulky. Liver weight 3LXX, pale & anaemic, looked like a waxy liver but with the proper tests no characteristic appearances were produced. Kidneys R 3V½ L 3VI. The left Kidney was particularly pale in the cortical portion & degeneration was apparently going on. See slide

In the portion of hepatized lung the air cells were found filled with a corpuscular exudation & blood cells. See slide

[illegible] as presenting all the characters of described readily as an epileptic fit, which lasted about an hour, thus passed off gradually & he sank into a state of coma from which he was impossible to rouse him & he died about 3.30 A.M.

Case I J. B- aged 27 was first admitted under my care on June 13th 1879 with

2.34

Case VI

## Delirium Tremens

Patrick Dunn ab was admitted to Hospital on the 4th of July with erysipelas of the face & scalp, he presented the appearance of a generally used up individual, had only lately had an extensive drinking bout and at the time of admission was decidedly shaky. He was quite rational & remained through the evening. At the time of the night visit being written he was ordered a sleeping draught of 3ss of Chloral. Shortly after taking it he became violently delirious, & very nearly jumped out of the window, thought that men were chasing him, in fact had all the hallucinations & illusions of a maniacal delirium tremens. He continued in this condition till nearly morning when he became quieter, through the day he was easier, still raving but not at all violent. In the meanwhile the erysipelas had extended all over his face & scalp causing great swelling of the parts towards evening he again became furious and a draught of Ammon Mur Hyosin was given him but with no appreciable effect: about two o'clock in the morning he went into what was described exactly as an epileptic fit, which lasted as presenting all the characters of about an hour, this passed off gradually & he sank into a state of coma from which he was impossible to rouse him & he died about 3.30 A.M.

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Case I

F. B - aged 27 was first admitted under my care on June 13th 1879 with general anasarca. He was re-admitted in the June 1882 and died of uraemia on the . The history of his attack in 1879 is briefly as follows. Five weeks before admission U.S. about first of May, while working in the country and a good deal exposed to wet and cold, noticed that the hands & feet were swollen & the face puffy; no pain in back, but the ~~coat~~ urine was reduced in amount. He got better in about a week, but it gradually returned & the belly became swollen. The case was regarded as one of acute nephritis and under appropriate treatment the anasarca disappeared. He remained in Hospital until the 26th of July. On June 23rd a mitral systolic murmur was detected. On one occasion he had headache, nausea & vomiting & the temperature rose to 104° and on July 16th a severe attack of diarrhoea, which persisted for ~~over nearly two~~ over a week. The amount of urine was at first diminished but afterwards rose to from 60 to 100 ozs a day. It was always albuminous & contained casts.

Readmitted June 5th complaining of dyspnoea sleeplessness & cramps in the legs. Had anasarca

Case VII Mary H- aged 34 admitted to Hospital with vomiting which began four days before. Is married, has one child, 18 months old. Has not had her courses for four months but does not think she is pregnant. Patient has a heavy ansemic look but complains only of the vomiting which is very frequent the ejecta consisting of thin fluid mixed with mucus and whatever she has eaten. No headache, no adema heart sounds clear, no murmur; difficult to get the apex in account of the anaemia; pulse 76 feeble urine, reduced in amount, only 36 ozs the first 24 hours. sp. gravity 1011, contains some albumen but no casts. Patient was in Hospital 10 days during which time the vomiting was almost uncontrolable, recurring after a temporary cessation. After seeing her in the first day, I went away ~~practice~~ and in my return found her very low with temperature of 102° a feeble pulse, vomiting a dark offensive fluid and death took place the following day.

The autopsy revealed small contracted Kidneys, not more than half the normal size, and with all the coarse features of advanced cirrhosis of these organs. The left heart was a little hypertrophied. ~~No special alte~~ There was a recent fibrinous pericarditis. Mucosa of stomach showed no special change. Other organs healthy

Case VIII. C. D. – aged 18, sent from the Township;
June 8th.

A well grown lad a little pale & puffy beneath the eyelids. Skin a little ~~in~~ pigmented, especially upper lip ~~otherwise both strong~~. Nothing of note in the family history. Complains of weak knees, headache, and severe cramps in the legs. Illness began two years ago when at school; feet were swollen and he had headache and would frequently vomit. Did not quit school, though at times would lose a day. Does not remember about the urine, never noticed any special changes; occasionally the hands have swollen and the face has been very puffy. For the past four or five months there has been ~~too~~ but little oedema; the appetite has been poor and there is often a very bad taste in the mouth. Severe cramps in the muscles of the calves & arms have been troublesome of late, keeping him awake at night; passes water often.

On examination, no oedema; chest long & narrow. Heart impulse visible & diffuse, heaving; apex at the nipple line; no murmur; 1st sound loud & clear. Pulse 84, artery full not easily compressed; tension considerably plus.

Urine very pale, specific gravity 1008, acid reaction; contains much albumen and many small clear & slightly granular casts. No retinal changes.

Ordered Bethesda water & Basham's mixture

Patient has come in three times since the first visit. He passes ~~an~~ large excess of exceedingly pale urine. General health has improved. Headaches not so frequent; no oedema. Soft Murmur at apex. Cramps are at times very bad.

Case IX

R- M. aged a large well built Scotchman consulted me for general feelings of ill-health and pains in the chest. For a month or six weeks he had ~~been~~ not felt up to the mark, appetite poor and a very bad taste in the mouth. I thought it was probably indigestion but he complained so of the pains in the chest that I asked him to strip.

Outlines of a proposed book on Diagnosis which was never written.

[during Philadelphia period]

"On several occasions in Phila. I was asked by Lea Bros. to prepare a work on Diagnosis and had half promised one; indeed I had prepared a couple of chapters ..."

See note to no. 3544.

# Chapter I

## General Principles of Diagnosis

Chapter II Fever. Normal & abnormal temperatures in health.
Thermometer, &c.
Types of fever.

Chapter III Eruptive Fevers. Small-pox Scarlet fever. Measles
Rotheln Typhus Typhoid. Cerebro Spinal. Relapsing.
Simple Febricula.

Chapter IV Diseases of the Blood and Blood-glandular system.
Modes of examining blood. Hæmacy. & chromometer. Measurement. Anæmia. Leucocytosis. Leukæmia. &c.

Chapter V. Respiratory System. ~~Types of respiration.~~
Examination of chest. in health. Shape. measurement. abnormal forms. Types of respiration. Apparatus for examining chest.
Stethoscope. plexum. Hæmo. Cyrtometer Spirometer &c.

Chapter VI. Diseases of respiratory System. Bronchitis. acute chronic
Pneumonia. Catarrhal. croupous. Emphysema.
Cancer. Pleurisy.

Chapter VII. Sputum. Examination. Diagnostic characters.

Chapter VIII. The Heart. Normal. Phy examination. Hypertrophy.
atrophy. Endocarditis. Pericarditis
General on Heart murmurs.

Chapter IX Diseases of valves. Aortic. mitral. tricuspid Pulmonary.
Sphygmograph.
General on diagnosis of heart affections

abdomen. Gen. Exam of.

Chapter X Gastro - intestinal system. Mouth. Pallet. regions parts
Stomach. Dyspepsia. Ulcer. Cancer. Hæmatemesis.
vomit. characters of.

Chapter XI. Intestines. Gen exam of.
Intes dyspeps. Colic - abnor. movement. Twist. Ileus.
Cancer. Intest. discharges. feces. abnormal.
Rectum

Chapter XII. Liver. & diseases.

Chapter XIII Spleen. forms of enlargement.

" XIV Kidneys. Exam of. Diseases of.
Urine. exam. Casts. Pus. blood. cancer. &

" XV. ~~Skin~~ ~~Nervous System~~ Cutaneous System. Hair nails.
rashes.

XVI. Nervous System.

XVII Nervous system

XVIII Parasites

XIX

# Chapter ii

Heat. how produced Fever.

1. The Normal temperature - variations. 1. age - sex. diurnal. part- of body.

2. Methods of estimation. The hand Place. Forms of Thermometer. Recording of temperature

3. Fever. (1) definition (2) Division according to causes. (3) Types of fever. (4) Phenomena comm. fever (a) nger. (b)

(5) Paradoxical hyperpyrexia temperatures - ~~(a) high (b) low~~

4 Low temperatures (a) Sudden fall -

5 The temperature curves in special diseases.

Mrs Olt. Tea Rose Cottage Aiken.
or Bu 825 W 32d St. Na

[1] Letter to Dr. Audrey of Berkeley Gloucestshire dated Sept 2nd 1892 thanking him for the gift of a lock of Jenner's hair and discussing a profosed Jenner Centennial.

[2] "Proposal for a Jenner Memorial College Hospital at Berkeley"

endorsed in Sir William Osler's hand "read March 1 1893"

[at a meeting of the College of Physicians - Philadelphia. At the same time Sir William presented a lock of Jenner's hair]

[3] Typed copy of [2]

large cities a considerable sum could be secured in this country.

I have had the lock of hair nicely mounted and shall pre-

THE JOHNS HOPKINS HOSPITAL,
NORTH BROADWAY.

HENRY M. HURD, M. D.
SUPERINTENDENT.

Baltimore, Sept. 2nd, 1892.

Dear Doctor:-

Pardon the long delay in replying to your kind letter, and in acknowledging the receipt of the hair of Edward Jenner. I had to leave England earlier than I had anticipated owing to the illness of my father, and have only just returned from Canada. I called upon Sir Andrew Clark but unfortunately did not find him at home. In conversation with one or two of my especial friends in London about the memorial hospital one of them suggested that it would perhaps be more satisfactory to wait a year or two until the Jenner Centennial, at which time the scheme would be more likely to succeed. I saw to-day an item in one of the American Journals that it is proposed to celebrate a Jenner Centennial in Washington. I have heard no details but will write you again after having consulted with Dr. Billings of Washington. I shall write to Sir Andrew Clark and ask if the College of Physicians will not cooperate. I would like to have your opinion with reference to the advisability of pushing the matter at once or of waiting for a couple of years until the centennial of the discovery. I am quite sure that with influential committees in Boston, New York, Philadelphia and other large cities a considerable sum could be secured in this country.

I have had the lock of hair nicely mounted and shall pre-

THE JOHNS HOPKINS HOSPITAL,
NORTH BROADWAY.

HENRY M. HURD, M. D.
SUPERINTENDENT.

Baltimore, ..... 189

sent it with your memorandum to the Library of the College of Physicians of Philadelphia, the oldest and most distinguished medical organisation in this country.

With kind regards to your assistant and hoping to hear from you at an early date, believe me,

Very Sincerely Yours,

Wm Osler

Jenner Memorial

programme

After visiting the 'chantry' in which he lived, the stable in which he kept his cows for vaccine, the tomb in which his body was laid, and the beautiful memorial window in Berkeley church, I discharged

Proposal for a Jenner Memorial Collage Hospital at Berkeley.

by

William Osler MD

(read March 1, 1893)

Mr President, Fellows of the College.

While in England last summer I made a brief excursion to ~~Berkeley~~ the Gloucestershire village made memorable by the life and work of Edward Jenner. I went to gratify a natural curiosity to see the surroundings in which modern experimental medicine took its origin under the stimulus of the chief of all experimental surgeons anatomists & pathologist - John Hunter. For undoubtedly the spirit of that great master ~~strove~~ incessantly in this great pupil, the best evidence for which is the quiet patience ~~with~~ which enabled Jenner through a long series of busy years to study the pox in animals with the ~~definite~~ object of preventive inoculation in man. With the exception perhaps of the theory of natural selection no problem has been brooded over by the discoverer for so lengthened a period of time, and were it germane to the question I might be tempted to still further elaborate a parallel between Charles Darwin in his quiet Kentish home, and Edward Jenner in the secluded Gloucestershire village. But - as I am not here to pronounce a eulogium on Jenner or to tell again the story of his life, I shall proceed at once to the object of my communication as stated in the

Jenner Memorial

University Club

programme

After visiting the 'chantry' in which he lived, the stable in which he kept his cows for vaccine, the tomb in which his body was laid, and the beautiful memorial window in Berkeley church, I discharged a brotherly function and left my card on the man who to-day treads the professional mouds of Edward Jenner. Unfortunately Dr Audrey was not at home but his assistant was extremely kind, and showed several interesting relics, among which were the lancet & snuff box of the great man. Subsequently I had a letter from Dr audrey who sent me a lock of Jenners hair which I have had mounted and beg you Mr President to accept on behalf of the College. The statement sent with it by Dr Audrey is as follows:-

We are reminded in looking at this relic, which has travelled so far of the words (singularly prophetic in his own case) of our great Craftsman Sir Thomas Browne:- "Who hath the oracle of his ashes or whether are they to be scattered? The reliques of many lie like the ruins of Pompey's in all parts of the Earth, and when they arrive at your hands, there may seem to have wandered far"

In driving from Berkeley castle to the village the eye is attracted by a plain two story house on which is

and successful physician whose name still lives with us in a rhyme? Let no one cast a stone at the memory of the men who preserved this Institution to the profession of the city. It is a function of posterity to right the wrongs & slights which our forefathers

unwittingly commulled. So far as this College is concerned we cannot but feel as it fellows, ~~but~~ with our full knowledge that it would have been more gracious had our predecessors on the 2nd day of March 1802 enrolled the honored name



placard "College Hospital". There was nothing in it to merit description, but I was informed by the nurse & the Doctor in charge that the accommodation was wholly inadequate to the demands.
In acknowledging the receipt of our address letter I ventured to suggest to him that as the centennial of the discovery of vaccination was approaching no more suitable plan to do honor to the event could be devised than the erection at Berkeley of a Jenner Memorial Hospital. He has warmly embraced the ~~plan~~ idea & has secured the cooperation of the Lord of the Manor (Lord Fitz Hardinge) who has I believe promised the land.
I have undertaken to bring the subject before the ~~College of Phy~~ Jn and before the Royal College of Physicians London, and I have addressed you first for a very definite reason.
Ninety one years ago tomorrow the Fellows of this College had before them for action the nomination as associate fellows of S. Lettsom, the distinguished London Consultant, and Edward ~~Jenner~~ (Jenner), General practitioner, Berkeley. Shall we smile in pity that they rejected a man whose giant proportions needed time - distance to appreciate and chase the popular and successful physicians whose name still live with us in a rhyme? Let no one cast a stone at the memory of the men who preserved this Institution to the profession of the city. It is a function of posterity to right the wrongs & slights which our forefathers

UNIVERSITY CLUB

unwittingly committed. So far as this College is concerned we cannot but feel as its fellows, ~~but~~ with our full knowledge, that it would have been more gracious had our predecessors on the 2nd day of March 1802 enrolled the honored name of Jenner on the list of four associates. It was not done. Their successors and representatives inherit of their mistakes not less than of their prudent plans, to us comes now this opportunity of starting a memorial to the ~~honor~~ memory of one of the greatest of our profession, to one of the chief benefactors of mankind.

I therefore move Sir that the President of the College be empowered to name a committee which shall act as a central ~~agency~~ body in this county, in cooperation with a similar body in England to raise money for the erection at Berkeley of a college Hospital to be dedicated May the 14th 1896, to the memory of Edward Jenner.

Proposal for a Jenner Memorial Cottage Hospital at Berkeley.

by

William Osler, M. D.

[Read March 1, 1893]

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While in England last summer I made a brief excursion to Berkeley, the Gloucestershire village made memorable by the life and work of Edward Jenner. I went to gratify a natural curiosity to see the surroundings in which modern experimental medicine took its origin under the stimulus of the chief of all experimental Surgeons, Anatomists and Pathologists, John Hunter. For undoubtedly the spirit of that great master strove incessantly in this great pupil, the best evidence for which is the quiet patience which enabled Jenner through a long series of busy years to study the pox in animals with the distinct object of preventive inoculation in man. With the exception, perhaps, of the of natural selection, no problem has been brooded over by the discoverer for so lengthened a period of time; and were it ge to the question I might be tempted to still further elaborate a parallel between Charles Darwin in his quiet Kentish home, and Edward Jenner in the secluded Gloucestershire village. But as I am not here to pronounce a eulogism on Jenner ot to tell agsin the story of his life I shall proceed at once to the object of my communication as stated on the programme. Af

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In driving from Berkeley Castle to the village the eye is attracted by a plain two-story house on which is a placard "Cottage Hospital." There was nothing in it to merit description, but I was informed by the nurse and the doctor in charge that the accommodation was wholly inadequate to the demands. In acknowledging the receipt of Dr. Audrey's letter I ventured to suggest to him that as the Centennial of the discovery of vaccination was approaching no more suitable plan to do honor to the event could be devised that the erection at Berkeley of a Jenner Memorial Hospital. He has warmly embraced the idea and has secured the cooperation of the Lord of the Manor (Lord Fitz Hardings), who has I believe, promised the land.

I have undertaken to bring the subject before you and before the Royal College of Physicians of London, and I have addressed you first for a very definite reason.

Ninety-one years ago to-morrow the Fellows of this College had before them for action the nomination as Associate Fellows, of I. Lettson, the distinguished London consultant, and Edward Jenner, general practitioner, Berkeley. Shall we smile in pity that they rejected a man whose giant proportions needed time and distance to appreciate, and chose the popular and successful physician, whose name still lives with us in a rhyme? Let no one cast a stone ot the memory of the men who preserved the Institution to the profession of the city. It is a function of posterity to regret the wrongs and slights which our forefathers unwittingly committed. So far as this College is concerned we cannot but feel as fellows with our full knowledge, that it would have been more gracious had our predecessors on the 2nd day of March 1802 enrolled the honored name of Jenner on the list of our associates. It was not done. Their successors and representatives, inheritors of their mistakes not less than of their prudent plans, to us comes now this opportunity of starting a memorial to the memory of one of the greatest

of our profession, to one of the chief benefactors of mankind.

I therefore move, Sir, that the President of the College be empowered to name a Committee which shall act as a central body in this country in cooperation possibly with a similar body in England to raise money for the erection at Berkeley of a Cottage Hospital to be dedicated May 14th, 1896 to the memory of Edward Jenner.

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I therefore move, Sir, that the President of the College be empowered to name a Committee which shall act as a central body in this country in cooperation possibly with a similar body in England to raise money for the erection at Berkeley of a Cottage Hospital to be dedicated May 14th, 1892 to the memory of Edward Jenner.

Draft of an address

Endorsed in Sir William Osler's hand

"Prepared for the meeting of the Med School Branch of the Y. M. C. A. for Oct. 4 1898. just as well perhaps that I was ill and could not go"

Another endorsement in Sir William's hand "written chiefly on the train from Minneapolis to Boston, copied Sept 24th & 25th"

support missions & do generally the work of the civilized world & do it well. It is ~~[illegible]~~ a shame to call them Laodiceans but there is no other word quite so appropriate

The Rimmonites form a large & growing class. They have wandered from the faith of their youth, but nothing better was offered. They are conformists & ~~like~~ as Naaman bowed ~~themselves~~ himself in the house of Rimmon to keep on good terms with his master so ~~these men~~ to keep the peace at home, or for other reasons, these men "conform to the ordinary usages of christian society, and on Sunday go to church - if for no other reason, as Taine says, to freshen in themselves the sentiment of the ideal

In such a gathering I have a feeling of embarrassment such as that which overtook the son of Kish in the memorable incident after the ~~after~~ finding his fathers asses. It has been my practice for years not to talk on religious questions ~~between~~ holding with Mr Rogers who when asked of what religion he was replied "The religion of all sensible men," And pray Mr Rogers what is that - "why all sensible men keep that to themselves" - in many ways a very poor answer since it comes within the scathing denunciation of ~~In Early life I had ill luck & became discouraged. It was my last year in Sunday school & I was the senior boy in the senior class. The superintendent was away all the male teachers were absent and the Rectors wife, dear soul, asked me to read the opening prayers. I was seized with a fright like Tremor I got through the main petitions but alas! the [illegible] commencement of the Lords Prayer was published the prayer had only prowled the words "Our Father" & the et cetera had vanished from my memory and was feebly [illegible] [illegible] subdued titters from the Rectors wife & the lady teachers which sank like lead into my soul.~~ ~~Then I gave [illegible] before a young mens christian association. [illegible] I stopped~~. Thrice at least has the kind secretary of your society bidden me to this annual gathering but I have sweetly evaded the responsibility with a call out of town or an urgent consultation.

This time he asked me early in the spring, & I gave a definite promise Remembering my early experiences I could not trust myself to speak in meeting so you will pardon a brief written note

~~If asked to make an Ecclesiastical classification The people about us may be grouped in four classes~~ we. Theresians Laodiceans. Rimmonites & Galeonians.

The Theresians form the wee speck of leaven in the dough of society. Each of us knows one or two, some of us three, we physicians see more of them than others. They are the true followers of Christ who for him forsake all, living his life to save them own. They constitute the little flock spoken of in the Gospel In every community such & those days at Antioch they & they alone have saved Christianity. "Many are called few are chosen;" "many are the wand bearers few are the mystics;" Christ and Plato both understood that man was not naturally a religious animal & that to be instructed did not necessarily mean to be of the elect or to be a mystic

To be a really good Laodicean is the height of attainment in these times for the average man ~~and~~ woman. The great bulk of our friends come in this class, good honest folks, ~~but~~ fit neither for heaven or hell, but who feel on Sundays a strong preference for the former place. For a Theresians life they may wistfully wish but in the conditions of modern society it is simply impossible. They fill the churches, pay the taxes - & the doctors -

1 WEST FRANKLIN ST.

× a convenient ecclesiastical classification of the people about us now -

* Foot note. St Theresa, the foor sisters of the seraphs in Crashaw's poem:-

"By all of Him we have in thee;
Leave nothing of myself in me.
Let me so read my life that I
unto all life of mine may die"

support missions & do generally the work of the civilized world & do it well. It is ~~really~~ a shame to call them Laodiceans but there is no other word quite so appropriate

The Rimmonites form a large & growing class. They have wandered from the faith of their youth, but nothing better has offered. They are conformists & ~~like~~ as Naaman bowed ~~themselves~~ himself in the house of Rimmon to keep on good terms with his master so ~~these men~~ to keep the peace at home, or for other reasons, these men "conform to the ordinary usages of Christian society", and on Sunday go to church — if for ~~the~~ other reason, as Taine says, to freshen in themselves the sentiment of the ideal

The Gallionians are the agnostics, latent or avowed who care for none of these things holding with Buckle "that in these matters" we have no trustworthy information and no means of obtaining any"

They are very plentiful, always have been in the medical profession, and are shocking beggars like the Laodiceans many of them however are not bad men, far from it, and have illustrated the "incomprehensible" to the two first groups by living model lives, as did for example Charles Darwin

Now in one or other of these categories we are all ranged not all of us knowing in which, particularly the Theresians whose grace of humility is such that they would be shocked to be placed ~~so~~ high. ~~It is~~ Fortunately ~~to the at that~~ before you reach ~~it~~ us most of the problems that sooner or later worry us all, have been raised & settled. You are no longer children, many of you have already, all ~~of you~~ will soon have passed the point when the ~~age~~ pace of life is the fastest (25) & and when the course is already laid down. You think it up in your innocency straight — wait a while, the curves did not became apparent ~~you may not see the curves~~ until after "la crise de quarante ans". Upon two points I should like to touch briefly.

Dissociate absolutely your faith from ~~of~~ your science. They can ~~It is~~ not ~~a question~~ like of the wheat & the tares — grow together till the harvest. They have nothing whatever do do with each other and the mental worries of young men are largely due to wretched attempts to mix the oil of ~~f~~ faith with the water of science. If you are to enjoy a faith for heavens sake! have one & not the bastard changeling the outcome of a hopeless attempt to reconcile irreconcilables

~~orthodoxy of Professor von Richtenstein and the heterodoxy of Professor Smith would vex and perplex you~~ Stick fast to ~~any~~ some sort of belief ~~you may do not expect~~ to get it bettered ~~and~~ [illegible] ~~If you have any left when you reach the Hospital~~ ~~after 25 and you are not here for that purpose~~ ~~a Hospital you may get~~ it established. The pitifulness of the scenes you will see enacted, the tragic fates of the children of sorrow, the hopelessness of the lot of so many ~~will~~ touches to its depths "the human heart by which we live". Charity, ~~the~~ means the the every day practice of medicine — Hope springs eternal in the future and between the aspirations of St Theresa & of Socrates there is little differen

1 West Franklin St.

West Franklin St.

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Take away Faith from poor humanity & it is left poor indeed. And even for those whose consolations are in old philosophy & who believe that all is over when the empty glass is turned down, could not wish to deprive (in their most callous moments) even Laodiceans of the comfort - the very genuine comfort - the rites of the church afford. Feeble helpless creatures we arrive, - feeble helpless creatures we depart; whither? Science cannot say, Faith does; ~~It is not~~ your function as physicians ~~to determine, even~~ is clear to make death [illegible]

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You must get into the frame of mind of Tertullian who could say Certum est quia impossibile or of that point of faith, Sir Thomas Browne, ~~who could say~~ "Methinks there be not impossibilities enough in religion for an active faith". But this you will say was long ago. The conditions of faith in things supernatural have not changed and its alpha & omega is expressed equally well in the 19th century lines

"We have but faith we cannot know
For knowledge is of things we see"

In that delightful ~~Olla podrida~~ book Collections & Recollections a story is told of an ~~One of the~~ Oxford student in the ~~Divin~~ pass Divinity exam who defined faith as "the faculty which enables us to believe that which we know is not true". That is about the mental attitude of the man who talks of faith & science in the same breath. If you are unsettled in these matters do not make the fundamental mistake of ~~going to~~ seeking consolation in Spencer, Darwin & Huxley. What have they ~~to~~ to do with faith? The Philosophers at academy of Lagado who spent their lives in extracting sunbeams from cucumbers. A generation of lads (& lassies too, I fear) have been engaged in a similar mission in taking these great masters as Masters in Israel whereas in these questions they ~~were~~ are unholy Philistines

And the other point I wish to make is that as you are not here to get instruction in these matters, (for this thank your stars) ~~The dissonance & discord between the orthodoxy of Professor von Ricklenslein and the heterodoxy of Professor Smith would vex and perplex you~~ such. Stick fast to ~~any~~ some sort of belief ~~you may~~ have ~~doubt~~ ~~expect to~~ to get it bettered ~~and~~ ~~[illegible] a medical school as a rule is not a place~~ ~~If you have any left when you reach the Hospital [illegible]~~ ~~afterwards you are not here for that purpose~~ ~~a Hospital you may~~ get it established. The pitifulness of the scenes you will see enacted, the tragic fates of the children of sorrow, the hopelessness of the lot of so many ~~will~~ touches to its depths the human heart by which we live". Charity, ~~the~~ means the every day practice of medicine - Hope springs eternal in the future and between the aspirations of St Theresa & of Socrates there is little differen

A student who has it when he reaches the Hospital may there hope to have a

Take away Faith from poor humanity & it is left poor indeed. And even for those whose consolations are in cold philosophy & who believe that all is over when the empty glass is turned down, could not wish to deprive (in their most callous moments) even Lavoisier, of the comfort - the very genuine comfort - the rites of the church afford. Feeble helpless creatures we arrive - feeble helpless creatures we depart; whither? Science cannot say, Faith does; ~~it is not~~ your function as physicians & ~~determine~~, even is clear to make death like birth a sleep & a forgetting.

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Written chiefly on the train from Minneapolis to Boston arrived Sept 24. 11 a.m.

1 West Franklin St.

Prepared for the
Meeting of the Med School
Branch of the YMCA
for Oct. 4 1858.

Just a word perhaps that I was
ill & could not go

Draft of Address to the Graduates of the
year [1900] of Johns Hopkins University.

[not published]

Mr. Chairman, Members of the Board of Trustees, Graduates in Arts, Philosophy and Medicine, Ladies and Gentlemen:-

To address three sets of graduates, and at the same time to improve the rare occasion of a public in a kindly and attentive mood, is naturally a horrid embarrassment to any member of ~~any~~ a University ~~below~~ except ~~the rank of~~ the President, whose special function it is to say smooth and gracious things, and to speak comfortably to the people and to their children. Plain A. B.'s may be enthralled by an Associate Professor. Plastic, blastodermic, you absorb the pap of platitudes gladly; but the cable sent to Dr. Gilman this morning tells of a class that has broken all previous records, of a unique demonstration of cerebral capacity on your part worthy of the close of the century, so that I hesitate to say much to you. For one brief period in your life you ~~hold~~ have held the eternal verities in your grasp--the short interval which has elapsed between the announcement of your success and the conferring of the degrees. ~~I have known an~~ An A. B. may retain this delicious sense of the all-completeness of knowledge, of the fixed finality of opinion as crystallized in his brain for a week, rarely longer. The disenchantment is easy, but it will do you good. Poor laddies! Little do you know of the great demon who awaits you outside, to batter and buffet you, some of you to conquer and to kill, by some of you to be conquered and subdued, but by none of you to be slain. And yet what would we not your teachers, one and all of us, not give to change places with you. To you life is not thorny and youth is not vain; for us--well, we sing the old refrain, ~~there is but one~~ ~~Oh could I be~~ Oh could I feel as I have felt - or be what I have been"

I am glad, Mr. Chairman, to be able to report upon a most prosperous condition of the Medical School. There have been 211

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At the risk of ~~wearying you, for it may be~~ repeating a thrice told tale, I will give you in one word the secret of success in life—Humility. No stronger words were ever uttered than those in which this lesson was most deeply impressed, "And whoever will be chief among you let him be your servant." Not a grace much in favor in this country or at this date, I maintain that humility is the most essential element which contributes to the success of any young man. There is a brazen, blatant success of the market, won by aggressive self-assertion, and often by very young men; it is not for you to seek, for in it there is no peace at the last, little indeed from the first. Into whatever state of life you may be called, let the business of the day suffice, and do it well, not for the sake of the future, always let tomorrow take thought for the things of itself, but for the sake of the matter in hand, for the sake of the Day's Work alone. I could not tell you more were I to speak for an hour.

To the Doctors of Philosophy I decline to say a word, Mr. Chairman, on the best possible grounds. In their present condition nothing that I could say would be intelligible. Representing a group of the most dangerous beings—men with single ideas, but each idea so complicated, so interwoven with the fabric of all things—in their present state of mental saturation kindness demands that their repletion be respected.

I am glad, Mr. Chairman, to be able to report upon a most prosperous condition of the Medical School. There have been 211 undergraduates in attendance during the winter, and during the spring session some 67 graduates from different parts of the country have come for special instruction. The quality of the work done on the medical side compares favorably, I think, with that in the other departments, and more than this one could not wish to say. I may refer to the magnificent volume issued by the pupils of Dr. Welch to commemorate the twenty-fifth year of his Doctorate, as illustrating the high quality of scientific work which can be done by members of a medical school.

I am happy to be able to report that during the past year we have lost two of our very best Associate Professors, Dr. Flexner and Dr. Barker--par nobile fratrum. I say glad because it is only fulfilling one of the most important of our functions to train workers of their stamp. It is very much better for them to go when suitable occasion offers, and it is an uncommonly good thing for the institutions with which they have become associated. You will be glad to know, Mr. Chairman, that as a consolation I may say that there are colts in the paddock whose points are regarded by those two excellent trainers, Drs. Welch and Mall, as quite equal to any who have as yet gone over the course. Our graduates are too tender and too few to enable me to make any statement of their prospects and possibilities. Of the 70, 9 are engaged in teaching, 37 are still in hospital work, 23 are in practice, civil or military, and one has died, deeply lamented. Only one, I believe, has married, a satisfactory evidence that success has not come too fast. We have the gratifying information that to whatever positions they have been called they have taken with them, I cannot say traditions, as we have none, but the spirit which has always animated the sons of this University--a loyal devotion to happens to come from Smith, or Brown, or Dickinson.

duty and to truth. One criticism I have heard, and, as the President is absent, I will be very bold and speak of it. In a letter from a prominent physician of New York to one of our graduates, after referring to some appointment, he proceeds, as follows "but of one matter I wish to speak freely. In New York we are supposed to be megalocephalic, full of our own conceit, and steeped to the hair-tips in a sense of our own importance, but you Hopkins men beat anything I have ever met in the manifestation of a supreme superiority. Not that it is always apparent in your speech. Some of you are guileful, and your tongues belie your thoughts, but the sensation you at once convey by your general expression, demeanor and attitude is one of abominable, undemocratic superiority, a sensation which I resent most strongly, and all the more because I feel that there is a warrant and a basis for the expression." I blushed on reading this, as it was addressed to one of the most modest members of our first class. Do, I beseech you, strive against a sin which so easily besets those of us connected with this institution. Little can you imagine how wearied to the death the graduates of other colleges have been here for so many years at the iteration--the damnable iteration of the praises of everything Hopkinsien. Who does not sympathize with that brave Athenian when the chance came to get even with that monotonously lauded Aristides. The spirit is most audaciously yet unconsciously displayed by many of us. Even the Trustees have become infected, and to some of them it is more precious than B. & O. Stock. Most evident heretofore in the scientific and literary side, I see the dread contagion already in the medical school. But sweet are the uses of adversity, and our late calamities were sent to be a very chastening for this chauvinism, a feeling very human it is true, very agreeable, though dangerous to the possessor, but insufferably obnoxious to the other fellows who happen to come from Smith, or Brown, or Dickinson.

Graduates in Medicine, I congratulate you on having the good fortune to enter ~~the~~ our ranks during this century, ~~though~~ even at the eleventh hour.

~~I. Great Advances in Treatment of Disease.~~

For countless generations the prophets and kings of humanity have desired to see the things which you see, and to hear the things which you hear at the close of this wonderful century. To the cry of the watchers on the towers of progress rang out across the ages the one sad answer--the people sit in darkness and in the shadow of death. What though politically, socially and morally the race had improved, for the unit, for the individual, there was little hope. Cold Philosophy shed a glimmer of light on his path, Religion in its various guises illumined his sad heart, but neither availed to lift the curse of suffering from the sin-begotten sons of Adam. Born out of due time, long expected, long delayed, at last Science emptied upon him from the horn of Amalthea blessings which even I cannot even begin to enumerate. ~~Among them are numbered the great advances~~ blessings which have made this century forever so memorable, ~~advances~~ and which have followed each other with ~~such~~ a bewildering rapidity that we know not what next to expect. To us in the medical profession, who deal with the unit, and who measure progress by the law of the greatest happiness to the greatest number, to us whose work is with the sick and suffering, the great boon of this wonderful century, with which no other can be compared, is the fact that the leaves of the tree of science have been for the healing of the nations. Measure we may the progress of the world as you will; materially, in the advantages of steam, electricity and other mechanical appliances; sociologically, in the great improvement in the conditions of life; intellectually, in the

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diffusion of education; morally, in a possibly higher standard of ethics, there is no one measure which can compare with the increase in physical comfort of man, woman and child when stricken by disease or accident. ~~For you, for me, for all,~~ This is the fact of supreme personal importance. This is the Promethean gift of the century to man.

Anaesthesies, antiseptic surgery and preventive medicine have revolutionized the practice of medicine during the past half century, but there are other only slightly important advances, to two of which only I shall have time to refer. First, a return to what are known as the natural methods of treatment.

I. The Return to Natural Methods.

Of the primal lesson in treatment taught by the father of medicine one of the most important was to do no harm--non nocere, a lesson enforced by Sydenham in darker days, but one the full significance of which this generation has recognized. Under the new Dispensation imperative drugging, the ordering of medicine in any and every malady, is no longer regarded as the function of the doctor. I ~~am afraid~~, the average man ~~is still apt to~~ will follow Celsus and ~~and~~ In a doubtful case rather than give none will use a doubtful remedy; but the demonstration that a majority of diseases get well without drugs has been an incalculable blessing to our fellow creatures. Think of the revolution which has been effected in the treatment of fevers. Whether or not, as Dr. Fitz claims, the mortality in typhoid fever has not materially lessened since the early part of the century, the patients surely now (even with the cold bath!) have less chance of being killed outright. I came across the other day the report of a remarkable case in Gamage's Account of the Fever which existed in Boston during the Autumn and Winter of 1817*, which illustrates the heroic character of the treatment of typhoid fever in those days. The case was one, as the doctor expressly says, of a weak woman, who had, between the first of February and the middle of May, Evidently a typhoid fever with three relapses. During February she was bleed on twenty-five days, in all ~~amounting~~ to 167 ounces, in March on four days, in April on six days, the amounts about six ounces each occasion. She had calomel galore, and blisters on the neck, behind the ears and on the abdomen. She also, When the fever was very high, had cold ablutions, and on three nights a tepid bath. ~~As~~ She recovered and had he not good warrant to write "thus no less than four distinct accessions of the disease oc-

curred. That they were the effect of the spreading and augmentation of the inflammatory action is proved by the fact that the symptoms in each instance were reduced within the bounds of present safety by bleeding, and the patient allowed another chance for existence."? By way of contrast I may cite a case almost the counterpart in the matter of relapse and of the length of time, in which the same happy result (followed) without the bleedings, the purgings or the blisters, simply ~~by~~ diet, nursing and cold water.

But the first and the most striking characteristic of modern ~~therapeutics~~ is the return to what used to be termed the natural methods ~~of treatment~~, the treatment of disease without drugs, or, as the old physicians used to call it, the use of the six non-naturals. After an absence of twenty centuries, the Bythinian Asclepiades ~~could~~ resume practice in Rome and find today, as at no time since he left the Eternal City, the value of his curative measures--regimen, exercise, bathing and massage--so universally recognized. The six non-naturals of the old writers have been well called the hinges of our health, and it would be superfluous, even had I time, to dwell on them specifically. I can only refer to two or three points in connection with diet, exercise and fresh air as important agents in our modern methods of treatment.

Some one said he cared not who made the laws ~~of a nation~~, so that he could write the songs. I would paraphrase ~~this~~ by saying, I care not who physics the people, provided that I could train their cooks. From the kitchen must come one of the great needed reforms in medicine. The besetting malady of the country is dyspepsia, the strength of which as a supporting disease is unlimited; ~~as~~ from it about one half of the income of ~~the~~ dostors is derived, and at least two thirds of that of the patent medicine vendors. I have

heard it stated that in the north we physicians live on the complications of pie, and in the south on the sequelae of hot bread. Only a Brillat-Savarin would declaim against either of these national luxuries. You remember in the Hunting of the Snark that the Butcher, an otherwise valuable member of the crew, could only kill beavers, and my accusation against the cooks of this country is that they have specialized so far as to be able only to cook pie and hot bread, and these in different localities. If the women of the country whose energies are at present engaged in the problems of temperance, the suffrage, missions and millinery, would take a year off in the kitchen, something might be done. Get away from the larger cities and away from the better hotels and restaurants, and one trembles lest there is truth in Aphorism III of the great gastronomic, "The destiny of a nation depends on the manner in which they cook their food."

There is an old maxim that more people are killed by over-eating and drinking than by the sword, and it is very true. No one can deny, I think, that the people of this country are becoming more and more temperate in the matter of strong drink. With the introduction of good light beers there is not only less intemperance, but we see much less of the serious organic disease of heart, liver and stomach caused by alcohol, and less of the early general degeneration. How few cases, comparatively, of alcoholic cirrhosis of the liver one sees, and I wish that I could say the same of intemperance in eating. Too much food is eaten daily, and I think we physicians are beginning to recognize that the early degenerations, particularly of the arteries and of the kidneys, which we formerly attributed in great part to alcohol, is due to too much food. The clinkers kill, and we all, I fear, habitually have clink-

ers and ashes in our machines which clog the workings, rust the bearings, and lead to premature ~~decay~~ break-down. I am more and more impressed with the serious dangers of over-eating in ~~tee-totalers~~ particularly, who, as a class, run, ~~I believe~~, a ~~greater~~ quite as great or even greater danger of arterio-sclerosis and Bright's disease than the moderate drinkers. & moderate eaters

Of ~~massage~~ and bathing I can say nothing, only to commend their more general use, particularly hydrotherapy, the introduction of which has been of incalculable advantage in the treatment of certain chronic disorders.

One word on the subject of exercise in modern therapeutics. Of the value of certain methods in chronic nervous diseases and in affections of the muscles we are beginning to learn, but I would speak here of its prophylactic benefits. ~~I consider that~~ The remarkable increase in the means of wholesome out of door exercise goes far ~~in a way~~ to counteract the universal malignity of the American kitchen. Golf and the bicycle have in the past few years materially lowered the average incomes of the doctors of this country as derived from persons under forty. From the senile contingent--those above this age--the average income has for a time been raised by these exercises, as a large number of persons have been injured by taking up sports which may be vigorously pursued with safety only by those with young arteries.

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II. ~~Quite as~~ noteworthy a feature in modern therapeutics is the return to psychical methods of cure. This is not surprising. After all faith is the great lever of life. Without it man can do nothing; with it, even with a fragment as a grain of mustard seed, all things are possible. Faith in us and in our drugs and methods is the great stock-in-trade of the profession. In one pan of the balance put the Pharmacopoeas of the world, all the editions from Dioscordides to the last issue of the U. S. Dispensatory, heap them on the scale as did Euripides in the celebrated contest in the Frogs; in the other put the simple faith with which from the days of the Pharoahs until now the children of men have swallowed the mixtures these works describe, and ~~I tell you~~ the bulky tomes will kick the beam. Well might St. Paul rise to heights of glowing eloquence when he drew his memorable picture of the victories of faith. And has it not been with the full assurance of faith that the masters of medicine have ever worked? By faith Empedocles did his miracles in Scicily and raised Pantheia from her trance of death. By faith Hippocrates became the father of medicine. "Paracelsus assigned it for an only cause why Hippocrates was so fortunate in his cures, not for any extraordinary skill he had, but because the common people had a most strong conceit of his worth." (Burton). By faith in himself and his art Galen ruled the practice of medicine for fifteen centuries. Faith in himself and in the truth of his great discovery made Harvey content to wait years before its publication. With what but faith did Sydenham burst the trammels of authority and lead men back to natural methods of cure. By faith Jenner labored patiently and long at his great discovery. Through faith the substance of things hoped for was realized to Joseph

Lister in antiseptic surgery. In faith these many years has not Wier Mitchell worked wonders in the Land of Penn? It is the aurum potabile, the touchstone of success in our profession. As Galen says, confidence and hope do more good than physick,--"he cures most in whom most are confident." That strange compound of charlatan and philosopher, Paracelsus, encouraged his patients"to have a good faith, a strong imagination, and they shall find the effects"(Burton). While we often overlook or are ignorant of our own faith cures, are we not just a wee bit too sensitive about those performed outside our ranks? We have never had and cannot expect to have a monopoly in this panacea, which is open to all, free as the sun, and which may make of every one in certain cases, as in the Lacedemon of Homer's day, "a good physician out of Nature's grace". Faith in the Gods or in the Saints cures one, faith in little pills another, suggestion a third, faith in a plain common doctor a fourth. What of it, as Burton says* "It matters not whether it be God or the Devil, Angels or unclean Spirits cure him, so that he be eased. If a man fall into a ditch, what matters it whether a friend or an enemy help him out? And if I be troubled with such a malady, what care I whether the devil himself, or any of his ministers, by God's permission, redeem me." In all ages the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed. The cures in the temples of Esculapius, the miracles of the Saints, the remarkable cures of those noble men, the Jesuit missionaries, in this country, the modern miracles at Lourdes and at St. Anne de Beaupre in Quebec, and the wonder-workings of our latter day saints are often genuine, and must

*Burton's Anatomy of Melancholy, 1621, p.

be considered in discussing the foundations of therapeutics. We physicians use the same power every day. If a poor lass comes to me ~~crippled for years~~ paralyzed pitifully and paralyzed, helpless, bed-ridden for years, having worn out in mind, body and estate a devoted family, if she in a few weeks or less by faith in me, and faith alone, takes up her bed and walks, the Saints of old could not have done more, St. Anne and many others can scarcely do less today. We enjoy, I say, no monopoly in the faith business. The profession of medicine made one great and irremediable mistake. When ~~it was~~ I do not know, but it was in the separation of the secular from the sacerdotal branches of our original guild. Up and down the world today are the magnificent homes which Christian charity has built for the sick and the dying, but the very best are as rude barns to the superb Temples of Health in which our sacerdotal fathers treated disease. To appreciate the loss read Caton's recent description* of the Temple at Epidaurus. In the old Greek there was deeply ingrained the idea of the moral and spiritual profit of bodily health, and the faith cures of the "mild and philanthropic son of Apollo" have had no parallel in our day, either in extent, or in the artistic methods of performance. In later days superstition and deception played a great role in the ministrations of the family of Aesculapius, and revolt at these may have dissociated from the guild such master minds as Hippocrates and Galen. One cannot help contrasting the beauty and majesty of this old therapeutic worship with its sordid modern substitutions at Lourdes and other places, and in the temples ~~and the~~ which are blasphemously raised in our cities today and called after the name of the true God. If any of you wish to appreciate how once, once only in the history of the race, there was a faith healing of beauty and

*British Medical Journal, 1898, I.

of power in our ranks, let him read the account which Pater gives in Marius the Epicurean of the ritual in one of the Temples of Aesculapius. It is a pity, I say, amid the changes and chances which have moulded us into a purely secular guild there perished, never to be renewed, a highly elaborate sacerdotal system of faith healing, ~~in comparison with~~ for which the individual doctor, the shrines of our modern saints and the new temples of Mammon are bastard substitutes. The faith with which we work, the faith indeed which is available today in every day life, has its limitations. It will not raise the dead; it will not put in a new eye in place of a bad one, as it did to an Irequoid Indian boy for one of the Jesuit fathers, nor will it cure cancer or heal a broken thigh, but in spite of these 19th century restrictions, such as we find it faith is a most precious commodity, without which we should be very badly off. Of the efficacy of prayer as an aid to physic who can doubt but, as St. James says, it must be a prayer of faith. Burton, who knew more of medicine theoretically than any 17th century author, puts the matter in his usual delightful way; "a Jove principium, we must first begin with prayer, and then use physick; not one without the other, but both together. To pray alone, and reject ordinary means, is to do like him in Aesop, that, when his cart was stalled, lay flat on his back, and cried aloud, "Help, Hercules!" but that was to little purpose, except, as his friend advised him, rotis tute ipse annitaris, he whipt his horses withal, and put his shoulder to the wheel. God works by means, as Christ cured the blind man with clay and spittle."

~~Surgeons have naturally less faith in faith as a means of cure.~~

V. The Products of the Chemical and Pharmacological Laboratories.

No single feature in modern therapeutics is more distinctive than the vast increase in the number and efficiency of our faithful advance guard, the men who make progress possible by searching out new drugs, new combinations, and by studying their actions on animal bodies. I have read recently with much interest th the Experimental Natural Philosophy of that great pioneer chemist, Robert Boyle, in which he pictures in most glowing colors the possible benefits for humanity from the application of natural philosophy to pharmacology and therapeutics. He predicts that the naturalist (a term which in his days included the chemist) would be of use to "the therapeutical part of Physic in three ways; first, inventing medicines chemically prepared; second, by investigating the medicinal qualities of bodies ; and thirdly, the Naturalist may do Physick a service by assisting the physician to make his cures less chargeable." Along the lines thus prospected and projected by Boyle the progress of the past two and a half centuries has been made.

Let me first acknowledge our deep indebtedness to these workers, not alone for what they have done, but for the spirit which has animated them. Pharmacology, including experimental therapeutics, is perhaps the most difficult and complicated of the sciences. At once a trained chemist and an expert physiologist, the student of these subjects must have in addition good judgment and a scientific conscience. He must be keenly alive to all the advances in half a dozen special departments; he must, moreover, keep in touch with the practical aspects of medicine. From some quiet little laboratory may come any day a discovery to do for medicine what Roentgen has done for surgery, and it is most likely to come from some investigator who has been serving the Goddess in single and simple-minded devotion. Let no man suppose for a moment that what has been

done is anything more than a promise or guarantee for the future, a sort of sign-post that we are on the right road. There are boundless possibilities in the new chemistry, new today, but ere long to be as old as is that which we studied as lads. What do you good easy practitioners and eusarkoid specialists know of ions ? Yet with them has come the indications of a progress which may revolutionize pharmacology and therapeutics. Perhaps of all the cryptic processes of life--mystic indeed in its mysteriousness--that of fertilization is the most astounding. The fusion of two bits of protoplasm lets loose the hidden forces that have pent up all the manifold energies of life. That the new chemistry, by a play of ions, should have been able, by physical means alone, to accomplish this act of fertilization is a discovery of momentous importance. I hasten to relieve the embarrassment of those members of the Congress whose work is largely a postscript to this act, that these alarming experiments of Professor Loeb have not extended in the scale of animal life beyond the sea-urchin. None the less in these and in some other studies by the same master-hand, one seems to open an apocalypse, a new revelation in the domain of science, the practical applications of which may make 19th century progress seem commonplace.

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You ~~go out to~~ will practice among a people ~~given over to~~ with a thirst for pills and potions, ~~with a thirst for medicine~~ insatiable as the grave. The amount of money which this free people spend in ~~patent~~ quack medicines last year makes a fair showing beside alcohol and tobacco. Prone to imagine all sorts of vain things, ready to put their trust in false gods, ~~that they should do this is~~ somehow evades this depiction but is a direct judgment upon us for years of pollution of the sacred temples of our fathers; ~~upon them~~ But upon them also, too, alas! the judgment is falling, in what any one can read as a direct fulfilment of that direful prophecy, "And for this God shall send them a strong delusion, that they should believe a lie." Set up your altar in any community, light the lamp of truth before it, offer upon it the daily sacrifice of a faithful duty to your fellow-men, done in a proper spirit, be a true priest of the altar, a Levite of the tribe of which were sealed Hippocrates and Galen and Sydenham and Rush-- do this, and though ~~for a while the people~~ forsake may go a whoring after Baal and Ashtaroth, do not worry, in the hour of need they will return, for the heart of the people is with you as

Conclusion. Plato tells us that "the direction in which education starts a man will determine his future life", and this is true in a very special way of the medical student and of the direction ~~we give him~~ you get during ~~his~~ your pupilage. Differences of opinion ~~are expressed~~ exist on many points relating to the technical training in our art, but there is universal agreement on the necessity of a thorough and practical acquaintance with the manifestations of disease as the essential preliminary to successful treatment. ~~Let a student~~ Go out from the schools with this knowledge, and you will practice rational medicine. He will make mistakes of course, but you will learn from them, and they will become fewer as wisdom comes with your growing knowledge. And ~~let him not~~ forget not that the best doctor, like the best general, is the one who makes fewest mistakes. Started aright, your progress in the path of knowledge will be smooth and uniform "flowing on silently like a river of oil," ~~to which Plato compares the course of a~~

You will know what the masters have taught, and while reverencing them and their doctrines, you will have read the lesson of the fallibility of the very best of them, knowing that their knowledge, like your own, was conditioned by the times in which they lived. You will bear with the foibles of a fond and foolish generation, consoled with the thought that greater fools suffered, and suffered more, at the hands of your fathers and grandfathers in the profession. You will have faith, an enduring faith, in the power of medicines, but not of many; you will study to better your knowledge of their actions, and to add to your tried and adopted friends in the Pharmacopoeia. You will ever bear in mind those splendid words of Broussais' that "the real physician is the one who cures: the observation

which does not ~~cure~~ teach the art of healing is not that of a physician, it is that of a naturalist. He will strive inwardly to grow with the growing ~~writers~~ writers, knowing well that whether a man is senile at forty, or a Daniel at seventy is not a matter of years, but depends upon how he has reacted to his experience of life. On many matters his attitude of mind will be ~~ex-~~ neutral ~~pressed by the word spoke~~, suspended judgment; on all ~~let him bend his head to listen as~~ that sly old Sicilian Epicharmus ~~whispers in his ear.~~

"Be sober and distrustful: these are the sinews of the understanding."

and who should be attended to. Now we are all at one

A stenographer's report of

An address at a hospital in ?which
New York [1900?]

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ADDRESS by PROF. OSLER: "It gives me great delight and pleasure to be with you this evening and my first thoughts are of congratulation to you gentlemen on the Board for your energy and your growth. Your energy must have been colossal, your liberality must have been exuberant in building an institution such as this for the sick and for the city of New York. It seems to me that it would be well if I said a few remarks (as I have prepared no set speech), on the importance of the relation which a large hospital such as this occupies to the world at large. At first and foremost, of course, its important relation is with the sick poor for whom it was designed and for whose benefit you are all here at work. Nothing is good work for the sick poor and we talk of spending money in building large places in which to put equipment, but after all, it is as it should be. Nothing is too good, too noble or to magnificent in which to treat our sick poor. The difficulty comes up at once in a large hospital of this sort, and it is one difficulty---the the quality and character of the sick poor to be admitted and who should be attended to. Now we are all at one

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on the radical and fundamental question that a poor man who is sick should be attended to in our hospital, but who is the poor man deserving of hospital charity? He is not always the pauper and he is not always the man who is only earning 75 cents or a dollar a day; very often the best charity of a hospital is given to persons in an entirely different sphere of life, people who really do not belong to the pauper class and who do not belong to the very poor class, but they are people who have very often gone the wrong way, people who have very often spent a great deal of money, people who come from out of town, who are not actual paupers who are not even working people in the ordinary sense of the term; they belong to the clerk class, to the attendance in the shops and other places, and those are very often the people most deserving of the charity of a great institution such as this. We do not pauperize them bu giving them help and assistance. I think we have thought too much of the pauperizing of the people by the hospital, and I think that the special class of people are often as much deserving of the skilled help of a hospital

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as those who are in a very much more favorable situation as far as these worldly acts are concerned.

Then, the second important relation of the hospital is with the medical profession. Now it is a very interesting and a very noble fact that the largest unpaid army of workers working in the world are men of our profession working in connection with the hospitals. There is nothing else parallel in the world to-day. A larger number of highly trained men, skillful, very often men of world-wide reputation, are giving their services to the hospital for nothing. Lawyers and business men do not do ~~business~~ it, the clergy do not do it, and we do it, and we do it as a matter of course. I can speak of this freely as I am one of the few paid medical men attending a general hospital to-day in this country. There are only a few, and it does seem to me that it is a point in which we have done right to ourselves not a little, that this immense amount of charitable work is done without quivering and is done freely, and is done so well; sometimes we say it is done for our own benefit. The work is done and the work is unpaid work, so far as we are concerned. It is the

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largest amount of skilled unpaid work done anywhere in the world.

Now it seems to me that there are several points in the hospital management and the relation of the hospital to the medical profession that would undergo certain definite alterations. I do not speak especially with reference to this hospital, I speak in reference to general hospitals and I do not define the management of this hospital, so that my remarks passed are general.

In the first place,---the selection of the Medical Staff. This is a very difficult problem and often fraught with no end of trouble on the part of the medical profession. In very many hospitals there is practically a biannual collection of the members of the Medical Staff. Take for instance, the hospital I was originally connected with in Montreal, the old Montreal General Hospital, it is an outrage that there should have to be an open canvas in the districts there, it is a canvas sometimes among convalescing poor which has increased to 4-500 and it takes a young fellow to get around the convalescent simple to show himself In other places it is just as bad. The collecting body is altogether too small. I think the body should be

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a small select committee of the directors and of the members of the attending staff and I certainly think that a radical reform should be with the members of the medical staff, who should have a voice and a say in the men who are to associate with them in the work. That is number one;-- and number two--- a representative of the profession should be on the Board of Directors. Many of you may have read with interest the long discussion and the long struggle that took place in the National Hospital of London for Paralyzed and Epileptics last year under the question representing of the Medical Board on the Staff. There is not a hospital in the world that has been so much influenced as the National Hospital for Paralyzed and Epileptic. Their reputation was brought down and they had no reputation and not only that, there were not capable, and a reform has come in there and I think it is a reform that should be got everywhere in our general Hospitals. There should be some professional representative on the Board of Directors. And certainly the question is whether we have got the in this country and in the organization of our medical and surgical services. There can be no doubt that the immense impetus which has been given in the past

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fifteen or sixteen years to medical and surgical science in Germany is very largely owing to the fact that the services which are paid, are in the hands of one special man with a staff of highly trained assistants who stay a long time with him and in that way get accustomed to the service and who gradually build up a large and growing clinic number that its university holds good in the large city hospital in Germany. English systems, which we are following here, are having so many men in each of the departments of the hospital; I mean having a very large staff of physicians is a very good thing, still I think it often works against the best interest of the profession and the best interest of the hospital, and I think that in the future, particularly in connection with our large university hospitals, this will more and more be avoided. I think there is no question that there will be some concentration in the work of the hospital in several different departments. And lastly, I think a most radical and important reform is needed in all of our general hospitals in this country in the pathological department. There is no proper equipment even for the performance,--- there is no proper equipment for the amount of work that

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has to be done in connection with the investigation of disease. I was delighted to-day to see that in this hospital provision had been made---and ample provision had been made---for the pathological work that has to be done and I congratulate Mr. Lewisohn for his generous support in that special direction. I would urge in every general hospital that the pathological department should be placed on a par with the other departments. It should be under the direction of a highly trained, highly skilled pathologist, who should be the best paid man connected with the institution, if possible, a man who does nothing else, a man whose sole work should be attending and directing the pathological work in the different departments. If there has been one thing above any other that has helped us in our work at the Johns Hopkins University, that has been having the pathological department carried on under the care of Dr. Welsh,---a most exceptional character and a most exceptional ability. He with assistants should live in the hospital, just as much as his assistance in the department of medicine, surgery, gynaecology and obstetrics. The departments have been formed and that has been more for

the scientific work of the Johns Hopkins Hospital than any one thing which has been done in connection with the organisation of that institution, and if I was asked the one thing needed in the hospitals of this country I should say a first class highly paid pathologist; a man who should devote his whole life to that special line of work; a man who would be the consultant in the different departments in the work of the hospital, who would control and help the untrained staff and would have the staff in turn help him with the work. I do not see that in any other way the deeper study of medicine, which is a very important part of the hospital, is to be advanced as it is done in Germany for instance. Half of the work done in the hospital, such as the large general hospitals in Berlin, attack the work in regular divisions and there is just that sort of work that can be done in our large general hospitals in a way that will prove a credit to medicine in this country and will help to stimulate and promote the best sort of work in the different departments.

Lastly, or thirdly,---a hospital has a very important relation with the general public and a very important responsibility. In the first place every hospital

scientific study of disease and it is so nice to think that here you have taken that up in your wards where a large

is very heavily indebted to the public at large,---a very heavy debter to the general profession at large for the knowledge which is utilized for it in the work, so that every large hospital is indeed responsible to the public at large. It is not simply the public which comes to your doors and comes and gets treatment, but the general public ~~and~~ represented by the members of the profession at large; upon that responsibility relies the two special things, first the scientific study of disease. I do not know who put ~~it~~ in Mr. John Hopkins' will the two items that his hospital was to be for the relief of the suffering poor in the city of Baltimore and for the study of disease, but whoever put that in knew what he was talking about, for a hospital which is not conductive of those two lines only fails one half of the future. And there is no qqestion but that the study of disease in every hospital should be an important part of its function. I should urge members of the large hospitals not to simply utilize the knowledge, they must take part in the work and help with it and that can only be done by the correct, careful and proper scientific study of disease and it is so nice to think that here you have taken that up in your wards where a large

amount of scientificwork can be done and it was a very gratifying thing on the Alumni Committee here, where the work can be done best in connection with the new hospital and it was particularly manifest that some of the best work in the country was being done here in your pathological laboratory and a very large part of this work has been transferred here to your scientific department for furtherance, and it is in that way that a hospital will further and promote the cause of scientific medicine.

Then, second, there is a most important function of a hospital about which I would like to speak, and that is to hand on the torch of learning from the seniors to the juniors, and no hospital can reach its highest development which is not a teaching institution. You cannot be got to believe me gentlemen the best work of a hospital---- there never has been a hospital that has risen to the first rank in the history of our profession without students in it. You cannot name a hospital to-day of the very first rank, a hospital which is not working for the world unless you have students in it and we have got to have here in this country a radical revolution with reference to that one point. Our students work for bread and they get

dollars a year to lecture one hour a day? Why should he waste his time by teaching students in the wards? There is

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~~it~~ but it is dry bread, stale bread and mouldy bread and they do not get the bread of ~~the~~ learning which is the only bread worth eating, for the students must live in the wards as a part of the workman, just as much as the attending physician and just as much as the nurse is and give them their position which they readily deserve in the community directly, indirectly with the patient. Day by day, year by year these young men should be following up cases not seeing them week by week for that does not attach much to a man's name. The daily routine in typhoid fever that can be taught in personal contact with the sick patient in the hospital ward and we are not following it. The way it was long ago taught us was by the teaching that medicine can only be taught in the wards. It went to England, it went to London, it came out here in the early days and we physicians are to blame, we are to blame that the schools degenerated from the old standards and they degerated too miserable, and what can they do in two years' association? Of course, it was easy for the professor to lecture to the students, why should they when they were earning 5 to 7,000 dollars a year to lecture one hour a day? Why should he waste his time by teaching students in the wards? There is

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it but it is dry bread, stale bread and mouldy bread and they do not get the bread of ~~the~~ learning which is the only bread worth eating. For the students must live in the wards as a part of the workman. Just as much as the attending physician and just as much as the nurse is and give them their position which they really deserve in the community directly, indirectly with the patient. Day by day, year by year these young men should be following up cases not seeing them week by week for that does not attach much to a man's name. The daily routine in typhoid fever that can be taught in personal contact with the sick patient in the hospital ward and we are not following it. The way it was long ago taught us was by the teaching that medicine can only be taught in the wards. It went to England, it went to London, it came out here in the early days and we physicians are to blame, we are to blame that the schools degenerated from the old standards and they degenerated too miserable, and what can they do in two years' association? Of course, it was easy for the professor to lecture to the students, why should they when they were earning 5 to 7,000 dollars a year to lecture one hour a day? Why should he waste his time by teaching students in the wards? There is

where the degeneration comes in and there is where we got everything from the sense of our fathers, but a radical change is coming and I would like to see in every hospital in this city as a part of the duty of the hospital that students are in the wards. I have been a visiting physician for 26 years, teaching in hospitals for 26 years, and I can tell you that the patients like it---they like it very much better than the solitary attendant and going about the hospital ward means the best stimulus, the stimulus of the young men who are with you and about you and they never have and cannot have best work done unless you have the stimulation of medical students with you in your hospital wards; it is infinitely better for the students. The hospital in which students are in the wards patients are better cared for, patients are better looked after, there are fewer mistakes caused and in every way it is better for the patient and much better for the attending physician, in the presence of them and in the presence of the directors of the hospital. But we tend to grow stale unless we are stimulated, and we doctors with no _____, as a general rule, it is hard to spend the necessary time in a hosp-

ital unless you have the stimulus which comes from teaching young men and it is the only way,---Mr. Chairman and Dr. Jacoby knows it well---it is the only way to keep from medical rust, actual personal contact with young men, and there is no better thing for the attending staff than the teaching, it is thought even good for the patient in two ways and it is very good for the student in every way, that teaching should go on in the ward. There is no reason why in a hospital such as this, which is not directly connected with a medical school, why post-graduate teaching should not be done, it is not as good and it is not as nice as under-graduate teaching, but it is very much better than no teaching at all. There will be teaching in this city and in Philadelphia within fifty years, a complete change and revolution in this matter of medical teaching and in this matter of practical teaching and it will not be within ten years as it is to-day. Think of the hundreds of typhoid cases that have been treated in this town already, and they have not been seen by the men who ought to be seeing them; they have not been seen by the man who will be treating your children and your

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children's children for typhoid fever. They have got to go out and learn their bitter experience on the public when they ought to be having their experience under skilled instruction; and it is the same way with pneumonia. Take those hundreds of cases---it makes you just furious to think that in this city to-day there are hundreds and hundreds of cases of pneumonia the treatment of which and the daily visit to which would be of the most valuable service. There are probably 600 senior medical students in this city and I guarantee not one of them have seen a case of pneumonia. Now that is wrong, wrong, and essentially wrong and some such change must come over the hospitals of this country and if I have done nothing else in this country, I have fought and____for medical students in the hospital. It is honestly a blinding shame that these young men should be got out---not so much for themselves and for their personal instruction---but I plead for the cases of pneumonia and typhoid fever which are spread practically throughout this country. It is for them quite as much as for the patient and medical students that I urge that students should be admitted into hospital wards.

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children's children for typhoid fever. They have got to go out and learn their bitter experience on the public when they ought to be having their experience under skilled instruction; and it is the same way with pneumonia. Take those hundreds of cases---it makes you just furious to think that in this city to-day there are hundreds and hundreds of cases of pneumonia the treatment of which and the daily visit to which would be of the most valuable service. There are probably 800 senior medical students in this city and I guarantee not one of them have seen a case of pneumonia. Now that is wrong, wrong, and essentially wrong and some such change must come over the hospitals of this country and if I have done nothing else in this country, I have fought and ____ for medical students in the hospital. It is honestly a blushing shame that these young men should be got out---not so much for themselves and for their personal instruction---but I plead for the cases of pneumonia and typhoid fever which are spread practically throughout this country. It is for them quite as much as for the patient and medical students that I urge that students should be admitted into hospital wards.

And lastly, it gives me great pleasure to think these Clinical Conferences are to be inaugurated. I cannot speak of the great help and benefit they have been to us at the Johns Hopkins Hospital. It encourages the men, the bashful, the shy, and it helps them to get up and to talk about the cases and it helps them and gives them a proper sense of the duties of the hospital, and it helps them in every way to get a proper initiative with reference to the work they have to do in the future in connection with the medical profession at large. Then it teaches us much in the hospital, for nowadays,---as Dr. Jacoby has so often told us--- it isn't neurology, it isn't surgery and it is not gynaecology, it is medicine, medicine, medicine. All you surgeons are looking for a position, and it teaches the positions in these Clinical Conferences, and it teaches the surgeons and it teaches the specialist. A man is more likely to be a specialist if he listens to the questions put to him for the past 10 or 15 years only as a physician who has been studying and he fully appreciates it. And then lastly,---it does us good in a very important way, still we doctors are often very sensitive, and it does us

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good, it rubs us, rubs our ankles down and we are not so apt to think even of each other. we meet each other every week or fortnight in a friendly conference, it promotes good fellow-ship, it promotes charity, and it promotes the interest of the profession which, after all, is one of the salient things that we should see to in the face of the world.

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[1] One small page of outline of the imperial ideal

[2] Draft of an address, endorsed in Sir William Osler's hand "Canada Address"
[written to be delivered before an English audience—
illustrated by lantern slides]

Mechanism of Empire - 2 charges. Consist or separate
is bound up with the
Reciprocal Tariff. & a tariff.

Sentiment The Imperial idea - Work of
young men the S.A. test. - The fear of
change neither perplexes nor appals.
World is ruled by Sentiment - Strong feelings of loyalty
to cause. Colonies & the Boer war.

The Imperial ideals for you to cherish are
(1) Union in a common Gold-Reserve
(2) Union in common defence in which all
each constituent nation will bear its share
3. Union in a common foreign policy.
4 Union in a common effort & caring for
the defence & of keeping the flag of our land

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in the successive volumes of Parkman's fascinating histories. Where is the series to compare with it in absorbing interest? From the first volume, The Oregon Trail to Wolfe and Montcalm, in which the last struggles are depicted there is not a dry page, and many of the volumes, such as "The Jesuits in North America" and "La Salle and the discovery of the Mississippi," are simply Cooper grangerized, so full are they of graphic pictures of the Indian life, ~~and~~ of the noble heroism of the early explorers and of the Jesuit Martyrs. Pelham Edgar's compend of the entire series could well be used as a school manual.

By the domestic infelicities which culminated in the Declaration of Independence in 1776, the mother country lost, and lost most justly, the colonies which some of the bravest of her sons had founded. But a vast territory remained British stretching to the frozen pole, and from the Atlantic to the Pacific, sparsely settled, little known, and so far as this country was concerned, little valued. Peopled by the French, by the descendants of the American Tories(whom we call

The seven years war gave England her two great possessions. Plassey decided the fate of India and two years later the fall of Quebec settled the destinies of North America. Wolfe's victory removed forever from the scattered English colonies of the Atlantic sea-board the dread of their old enemy, the French, and opened up for future generations the illimitable West, and the still greater North-West; ~~while~~ By the Louisianna purchase in ~~1807~~ the complete dominion of a continent passed to the English-speaking race. Here in England you scarcely appreciate the greatness of the two-century drama which culminated at Quebec in 1759. The story of the struggle of France and England for the possession of the new world is one which should be in the hands of every schoolboy, and is ~~of more~~ as important in his education, and is as full of incidents quite as thrilling as the Peleponesian or the Punic wars. For children of all ages the story is told in the successive volumes of Parkman's fascinating histories. Where is the series to compare with it in absorbing interest? From the first volume, The Oregon Trail to Wolfe and Montcalm, in which the last struggles are depicted there is not a dry page, and many of the volumes, such as "The Jesuits in North America" and "La Salle and the discovery of the Mississippi," are simply Cooper grangerized, so full are they of graphic pictures of the Indian life, ~~and~~ of the noble heroism of the early explorers and of the Jesuit Martyrs. Pelham Edgar's compend of the entire series could well be used as a school manual.

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the United Empire Royalists) and re-inforced year by year by English, Scotch and Irish emigrants, Canada in the year 1867 reached adolescence and federated the scattered Provinces into a Dominion. With three great staples of commerce--fish, forests, and furs--she enjoyed a lusty youth, and gave promise of a vigourous manhood. But the growth was slow, and it was not until her capacity for producing the fourth, and the greatest of all staples--corn--that the real value of the country became evident to her inhabitants and to the mother land.

My objects in this lecture are to give by Lantern slides a glimpse of the country as it is; secondly, to discuss in a few words the relation of Canada to the Empire.

I am sure you cannot but feel that the pictures I have here shown you display a young and growing nation with a magnificient future worthy of the strong souls who have wrought so successfully for its foundation. ~~Instinctively the words which Milton applied to the mother may be transferred to the daughter~~.

I should be sorry to let you go away with the impression that it is only on the commercial and agricultural side that Canada has developed with such extraordinary rapidity. Not the least striking indication of her vitality has been the growth of an educational system of which we Canadians feel justly proud. The Universities have kept pace with the material evolution and in Quebec, Montreal, Toronto, Kingston and Winnipeg are institutions of sound learning, not only ministering to the intellectual needs of the country but rapidly becoming centres for the diffusion of new knowledge. I could wish indeed this ancient seat had technical schools such as those which adorn the campus of McGill University,

Montreal, and which have been provided by the generosity of her citizens. The Experimental Farms established by the Government and the Agricultural Colleges have translated the science of the schools into the practical life of the farms and the dairies (Speak of the Agricultural College, Guelph). And now a citizen of Montreal, Sir William MacDonald, has come forward with a magnificient donation of nearly one million sterling to build and equip an agricultural college near Montreal, in which the youth of the farms will be taught practical work in all departments. (School children).

Not the least important indication of the developement of the nation is the appearance of a literature with certain distinctive notes. Our French Canadian brothers have long had the lead in this direction, but now from the English Press in Canada are issuing works on general literature, history and fiction, which show an extraordinary awakening of intellectual interests ~~in the past two decades.~~ The magazines issued by the Universities at Montreal and at Kingston, compare favourably with those of ~~the~~ older countries. But most important of all as an indication of vitality, is the advent of a group of Canadian poets. Without vision the people perish, without poetry, without the strong sentiment which seeks lyrical and other poetical forms of expression, a people can never reach a high plane of moral developement. It is ~~one of the~~ a most hopeful sign ~~in Canadian life~~ that such writers as D. C. Scott, of Ottawa, Bliss Carman and Roberts of New York, F. G. Scott, of Quebec, and Wilfred Campbell, of Ottawa, are appreciated by the people at large.

As to the future of Canada there can be no uncertainty ~~To~~ far at least as material developement is concerned. There will be ~~the~~ "ups and downs" periods of trial and distress, as good for nations as individuals, but he ~~makes~~ would be a safe prediction ~~who says~~ to state that ~~there are~~ some of those present ~~who~~ will live to see twenty

five or thirty millions of people in British North America, with a surplus food supply capable of feeding the Empire. A vital question here at home is--what are you to do with these big daughters, so buxom and gay, whose ways are not always your ways, and their thoughts not always your thoughts? Are we to look forward to seeing them set up house for themselves, as Mistress Columbia did, going off in a huff at the harsh treatment of her mother, or can we look forward to some family compact in which with the largest possible measure of national independence there is a federation for commerce and defence? We all appreciate how much better it is for grown-ups to have separate establishments. Near relatives love each other better under such conditions, and in this case the good mother is perhaps fortunate in having her children settled in widely distant lands.

In the case of Canada there are the usual three courses open.

Union with the big Republic of the South has ~~always~~ never been a possibility ~~before the eyes~~ thought of by Canadians. The time was when ~~it was thought~~ the commercial advantages of a Union, were considered particularly in the maratime provinces, ~~would have overshadowed certain obvious disadvantages.~~ Not, however, that there was ever any ~~serious~~ seriously party in the Dominion in favour of annexation, but there already existed a well-~~question~~ understood that so far as Novia Scotia and New Brunswick were concerned, a union would have, ~~perhaps,~~ been very advantageous. The stand-off attitude of the United States commercially and ~~an absence of~~ the failure to arrange a satisfactory treaty of reciprocity has turned out to be one of the most helpful things in the developement of Canada. ~~She has been~~ Thrown upon her own resources and she has had to seek other markets, and she has found them One hears a great deal of a desire on the part of Americans to absorb Canada, but I do not think that they look across the border with ~~any~~ very covetous eyes, at least I can say from a very quite varied experience in the United States that one hears quite as often ~~an~~ expression of opinion unfavourable to annexation. Many

Americans feel that the country is large enough and their problems serious enough without annexing ~~theirs~~ others, some of which are very complicated. Fifteen or twenty years ago there was ~~undoubtedly a sentiment~~ we heard a talk now & then in some quarters ~~of Canada favourable to~~ about annexation, but this has disappeared ~~completely~~ and with the remarkable prosperity of the country has come the growth of a national feeling that is very encouraging. Among a large number of Canadians, too, there is at heart a ~~considerable~~ feeling of resentment that their country has not alwayd had full justice from the United States, and the memories of the Fenian Raid are still bitter. The most serious ~~of~~ aspect in the relations of the two Countries has been the gradual absorption of so many young Canadians by the United States. How serious this migration has been may be judged from the fact that in the fifty years ending 1900, 1,8000,000 Canadians moved across the border. Lately, as we all know, there has been a strong movement of population in the other direction, particularly from the North Western States. ~~Altogether, there is, I should say, little prospect of a fusion of the two countries.~~

The second ~~possibility,~~ and a much more likely possibly ~~one~~ is, that with the growth of the country in population and power, the national feeling may become so strong that Canadians may wish to become independent and sever even the very slight ties that now bind her now to the mother country. This is a contingency ~~possibility~~ which has to be faced. The younger generations members of the ~~growing up~~ know less and less at first hand of the mother country. A great majority of them have never seen Great Britain and never will. For those of us who were born of English parents and have had close affiliations with the old country, it is a different matter, but we must look forward to a growing population without these advantages ~~strong sentiment~~. The national feeling has been fostered by a ~~the~~ belief that the interests of Canada have not infrequently been sacrificed, particularly to the United States,

Thus the recent Alaskan boundary decision was very unpopular. On the whole, however, I do not think that the desire to break away from the old country and to start a separate political existence, is at all the dominant feeling throughout Canada.

The third possibility is the one present in the minds of the great majority, namely, the persistence of the present status with a certain re-arrangement of the relations between the mother country and the colonies. At present the ~~only~~ political ties are the Governor General and the Privy Council. But there has been growing up gradually, and not only in Canada but in other parts of the Empire, a feeling which, I am sure, is destined to have a most important influence on the future of our race. ~~For example,~~ In Canada forty years ago, at the time of Confederation, there was practically no national spirit; then there ~~has~~ gradually developed a strong Canadian sentiment which has been strengthened enormously by the recent phenomenal growth of the country. And now we have reached the stage when many ~~are beginning to~~ feel that, perhaps, there is something even better than this national spirit. ~~and~~ We are, ~~I think, to day~~ witnessing ~~both~~ here and in the Colonies, the birth ~~evolution~~ of a new spirit, of a new sentiment, wider and ultimately, I trust ~~to be~~ much more potent than any local feeling--I mean the imperial idea which has at last captured the race. In this matter how much we owe to that ~~imperial~~ great statesman, Mr. Chamberlain, I need not remind this audience. ~~In the Colonies~~ For over-the-sea Britain he is the first English statesman who has made ~~them~~ Colonists feel that they ~~were~~ are of ~~some~~ real importance to the Empire, and here at home he has tried ~~at anyrate~~ to teach you to think imperially. How the bonds between different constituents of the Empire are to be tightened is the problem before our statesmen ~~to-day.~~ It seems a rational hope that the final

solution may be a federation of some sort, in which there will be a preferential trade between the units and a common plan of defence, the cost of which will be distributed equally, ~~seems a national hope.~~ These are questions which must be settled by ~~the politicians~~ our statesmen, but, after all, the strongest tie, as Mr. Balfour said the other day, is one of sentiment, and that can be fostered by all of us in many ways. Postal rate

What more charming sight ~~in life~~ than to see a woman still in the freshness of maturity with a group of daughters already comfortably settled in life, among whom she moves like an elder sister rather than a mother. And is this not to-day the position of England among her self governing Colonies? To the Jeremiahs ~~are~~ abroad in the land ~~but to them we must~~ let us turn deaf ears. There has never been a period in history when the outlook for the Empire was so hopeful. Trade conditions will adjust themselves, probably ~~in spite of, rather than with~~ without. the assistance of either great political party. While the people are awake and interested there is no danger, and surely that is the condition ~~at present~~ to-day. We only see the beginning of the wonderful work which this little Island has initiated. We may trust to the strong sense of the race to work out the glorious destiny

Canada
addn

[1] "Letters from Paris

III

Saint Louis Hospital"

[not published - neither were "I" & "II" the MSS. of which are not to be found. Written 1903. Dr. Emerson was in Paris that year - see next MS "Le Bicetre" p. 4. These "Letters from Paris" have no connection with those published after Sir Louis's visit to the Continent 1908-09]

[2] Some notes on typhoid, written in pencil on verso of last leaf.

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III

Saint Louis Hospital"

[Not published - Letters were I & II in MSS. of which one not to be found. Written 1903. Dr. Brinton was in Paris that year - see page 3 of "De Oratore" p. 9. Three "Letters from Paris" were sometime with three published after St Louis visit to the Continent [1903-04]

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LETTERS FROM PARIS.

III.

SAINT LOUIS HOSPITAL.

When in 1667 Henry IV founded a hospital for the 'peste,' a sort of annex to the Hotel Dieu, and called it St. Louis in memory of his grandfather, who died of the plague in Africa, little did he think that the name of the saintly monarch would become associated, at least in the minds of physicians, with the most earthly of diseases. And yet syphilis is a royal disease--regal in its relation with one of the two governing instincts of the race, regal in the extent of its dominion over the children of men, regal in its rule in the body, swaying indifferently bone and brain, and with a kingly disdain it alone, among the acute infections, resists all attempts to curtail its sovereign rights.

There are four things which make this hospital a great centre for the study of syphilis and skin diseases. The number of patients is enormous. Of the 1357 beds, 994 are for these disorders, 233 for surgery and 110 obstetrical. In 1896 there were 12,481 cases treated in the wards, with 483 deaths. The out-patients swarm, literally--there are too many to be dealt with very thoroughly, but the more important patients are admitted and interesting cases are set aside for the demonstrations, which are given by the chiefs of the service. But in the matter of patients the Saint Louis offers nothing peculiar, and there are in the large cities of Europe and America out-patient clinics almost, if not quite, as rich. There is not, so far as I know, an in-door service of equal extent. What has put the Hospital in the very first rank made Saint Louis has been the men on its staff, and the long list of former chiefs comprises almost every famous French syphilographer and dermatologist, end-

ing with Fournier, who retired a year or two ago, having reached the age limit. (By the way this is a matter which should interest us very much in America. The rule in Paris Hospitals is as follows. Physicians retire at sixty-five years of age; surgeons and obstetricians at sixty-two. Professors of the Faculty are allowed to remain until seventy, and if a man is so fortunate as to be a member of the Institute of France the retiring age is seventy-five).

The arrangements for teaching are good. Not very much systematic instruction can be given in the over-crowded out-patient department, but there are ample opportunities, and a man who has had some training can see scores of instructive cases. The more interesting patients are reserved for special clinics, which are held in a separate room. They are really demonstrations conducted by the chiefs, and while lacking--so far as I saw--the systematic character of Hebra's great clinics in the early seventies, they were of the most practical kind. Thus one afternoon Hallopeau showed among a series of remarkable cases a man with general xanthoma, most extensively distributed, and to illustrate it he had a series of casts brought in from the museum--all forms and grades, including a rare tuberous variety. A case of Recklinghausen's disease was similarly illustrated. The ward visits are made at 9 a.m., so that a student can fill out a good day's work. The city is most liberal in the matter of laboratories, of which there are five connected with the service, receiving each from $400 to $600 annually for expenses. One of the laboratories is in charge of and is supported by the Faculty of Medicine. The buildings are old, as one has so often to remark in connection with Paris hospitals, but the equipment is good and the patients seem very well taken care of.

But I am writing about Saint Louis only to tell of features which make it unique among hospitals, and which give to it a special advantage as a teaching centre. In 1866-67 Dr. Devergie, on the occasion of his retirement from active service, presented to the hospital his collection of models and drawings, and in this simple way began one of the most famous museums of the world. Subsequently were added the large collections of Péau and of Fournier. In 1883-84 the present building was completed, which contains the out-patient department, the lecture rooms, the library and the museum. But the all-important matter was to find a modeller who could reproduce with accuracy, and at the same time artistically, "la malade et la maladie." To M. Barretta is chiefly due the well-deserved fame of this famous collection. Working by a special method he has reproduced life-like models of the various skin diseases. There is no other museum of the kind in the world of the same extent or of the same merit. In 1900, when the second edition of the catalogue was published, there were 2112 pieces in the general collection, 442 in that of Fournier and 612 in that of Péau.

In richness and variety of illustrative pieces syphilis comes first. Fournier's collection is devoted almost entirely to this disease. It is difficult to think of a lesion not demonstrated is all its phases and forms. The profusion of chancres may be gathered from the fact that extra-genital forms are shown in 26 localities! The skin lesions are naturally in extraordinary variety--papular, papulo-circinée, p.-crustacée, p.-érosive, p.-granuleuse, p.-exfoliative, p.-hypertrophique, p.-pustuleuse, p.-squameuse, p-tuberculeuse, p.-ulcérante, p.-vesiculeuse--there seemed no end to the varieties. After taking a general survey I devoted myself on several visits to the study of the models of the diseases which so often come under the observation of

the general physician. The striae atrophicae, so common on the abdomen of women after pregnancy, are not at all infrequent under other circumstances. We had an all too brief discussion at the Association of American Physicians this year upon a case presented by Dr. Northrup. They seem to arise in two opposite conditions--any great stretching of the skin, as in pregnancy and ascites, or in rapid growth, as in the case presented by Northrup. I have seen an instance of extraordinary fissures--literally--of the skin of the abdomen, arranged symmetrically, following very rapid increase in weight. The patient was greatly worried, and in the fresh, blue state they do look alarming. I have reported an acute myxoedematous condition in which they appeared. Then in a totally opposite condition--loss of weight--as in the fevers, particularly after typhoid. They appear very often just below the crest of the ilium, sometimes about the knees. I know a man whose lumbar region is grooved in an extraordinary way with these atrophic linea, which came in the course of a protracted typhoid fever. They may follow scarlet fever, and I have reported the only instance in which they were a serious disfigurement in a young girl about the elbows and shoulders. Piece 1504 illustrated a remarkable case in which in a girl aged seventeen the atrophic striae came in both breasts without any special increase and without pregnancy, and No. 817 showed the striae well marked after typhoid fever. Other models illustrated the common form after pregnancy and ascites.

Of much great interest and importance to the general physician are the erythemas. Recent French writers include under les Erythèmes simple erythema, E.-exudativum, herpes iris, E.-nodosum, certain of the purpuras, urticaria and the angio-neurotic oedemas. These affections belong to one fam-

ily, occur under similar conditions, replace one another in the same patient in different attacks; they tend to recur, and they have identical visceral manifestations. There are between sixty and seventy models illustrating all possible forms, the larger number classified as E.-polymorphe ou multiforme. It is a unique opportunity to study all phases and varieties of this extraordinary lesion. The haemorrhagic forms were particularly instructive. The pellagroid erythema shown in six or seven models was new to me, and there was a case of erythema simulating leprosy. The models of local scleroderma were numerous and very good, also of sclerodactylism, but those of the generalized form were not very striking. The occurrence of telangiectases in the disease is well shown in Nos. 1058 and 1071 from the same patient. It seems a rare complication. One of our patients at the Johns Hopkins Hospital, who has been under observation for six or seven years, presents a remarkable appearance from the number of local telangiectases on the sclerosed skin. It is worth noting that the same vascular change is not uncommon in the scar after X-ray burns.

The trophic lesions represented an extraordinary series of changes--Raynaud's disease, perforating ulcers, lesions following injury to nerves and myelitis. No. 1267 illustrated local syncope, lesions of the nails and dysidrosis following an attempt at suicide. A large section is devoted to toxidermies, particularly those due to arsenic, antipyrin, bromide of potassium and iodide of potassium--a most alarming series. On the steamer coming over I had an interesting experience of an iodide purpuric rash. On the evening of June the third a friend took fifteen grains and again morning, noon and evening on the fourth--one drachm

in all. No other drug was taken. The patient had never taken it before. On the evening of the fourth there was on the legs and thighs an extensive outbreak of purpura, which increased rapidly on the fifth and sixth. The medicine was stopped at once, and there was no recurrence. There was no mistake abont the dose, as I saw the ship-surgeon make up the medicine.

Time and space would fail to speak of all the treasures with which the industry of the physicians and the skill of M. Barretta have enriched this unique museum. I would urge our young men when they come abroad (and not only those who intend to make of skin diseases a specialty--for such it is a necessity--but those interested in general medicine) to spend some time at the Saint Louis.

A fourth feature about the hospital rounds out and completes its attractiveness as a great educational centre--the Feulard Library, which was founded in 1886. Dr. Feulard, who was originally in charge of the museum and prepared the first catalogue, lost his life in 1897 in the disastrous charity bazaar fire. There are now about 16,000 volumes representing the literature of syphilis and dermatology in all languages. Seen grouped together the illustrated works make a remarkable impression. It is astonishing how much labor has been spent on the pictorial representation of these two sections of medicine. The journal literature is practically complete. A special and unusual feature too for a library on this side of the water is its accessibility--the book-cases are open. Altogether the Saint Louis illustrates how to make a great medical centre of a special hospital.

For many years the dermatologists have been our teachers in the art of

demonstrative instruction. There is always something to be shown and talked about, and it is easy to hold the attention of the student. In a crowded out-patient room there are difficulties, yet they can be overcome, and at the Broca Hospital I had the pleasure of seeing a model clinic of this kind held by Dr. Brocq, whose work is so well known to us all in America. The cases were thoroughly studied and the features demonstrated so clearly and sharply and the treatment given in such detail that it was easy to understand the number of interested physicians in attendance. In his method Dr. Brocq reminded me of Tilbury Fox, whose demonstrations at University College Hospital stand out in my memory as models of good clinical teaching.

As I have said before, young American physicians who go abroad, particularly those who are fitting themselves to teach medicine, would do well to spend a few months in Paris studying syphilis and skin diseases at Saint Louis. For the student syphilis is the only disease from which he can learn almost the whole art of medicine. I often tell my classes, know lues well and that will suffice; all other things--almost all!--will be added on the way. Moreover, with better knowledge on the part of the student he will be more likely as a practitioner to treat the disease intelligently; i. e., thoroughly, by which means alone can we hope to lessen the number of the victims of its late and more hopeless manifestations.

William Osler.

1. Rel Inn. ſ'enfant — The Epidemic in the Infant

2 Typhoid & Tuber

3 Mordaby — Whooping cough — Typh — Gen paralysis

4

(1) Typh malar. Bronchopn

2. 1. 1 2. 1. 3 / 3, 3, 17, 4, 14

7, 4 2, 8 2

9 % relapses

4 cases Typhoid & Tuberculosis

Hydrotherapy

18

48 — 14 %

6%

11 perforation —

187

1. 30 % } Mortality

2. 20 % } of severe cases

3 11 %

10 with convulsions

all fatal —

1 hem

"At La Bicatre"

[not published. Written in Paris 1903 (see ref. to Dr. Emerson p. 4. who was there that year when Sir William Osler came).]

"At the Theatre"

[not published. Written in Paris 1903 (see ref to Dr. Emerson & wife near the end when Sir William Dalton came).]

# AT LE BICETRE.

Not one of the generals among whom was divided the neurological Empire of France after the death of Charcot is better known to us in America than Pierre Marie, Physician to the Bicetre. His work on acromegaly, on osteo-arthropathy and on the spinal type of arthritis deformans (to say nothing of a host of other contributions) have made him well known to general practitioners, while his neurological colleagues, the world over, recognize in him one of the very foremost workers in their specialty.

The Bicetre and the Salpetriere are two great alms-houses, the former for men, the latter for women, with large hospital services attached. The name Bicetre is a corruption of Winchester, the English Bishop of that See having bought in 1256 the property for a country residence. After many vicissitudes it became in 1657 a reformatory for the poor and a prison. Since 1836 it has been a charity--a hospice for the aged poor and an asylum, with about 3,000 beds. The deaths number between 400 and 500 annually. In addition to the medical staff there are 363 persons concerned with the care of the sick and infirm, and 191 day workers about the place. There is a training-school for nurses and a library with 4,000 volumes. In 1898 the expenses were $458,500. The buildings are old and the internal arrangement not very well adapted to hospital purposes. There is the old 'Blockley' smell (in concentrated form), which seems inseparable from the sediment of humanity. The patients are well cared for, and I was impressed by the kindliness and friendliness with which they were treated. The food seemed excellent. On several occasions I was in the wards during the midday meal--a delicious looking vegetable soup--the same, it seemed, as that

which I had had at Ritz!--a couple of inches of Bologna sausage, a piece of meat, a six inch section of a long French loaf and a pint of red wine. There are wards in which the old people with acute illnesses are treated, while the patients with chronic nervous diseases are segregated in a series of wards called 'Siberia'--a name which, like the village of Kremlin just outside the gates, is a legacy from the old soldiers of the Napoleonic wars. A visit to 'Siberia' makes one appreciate the truth of the criticism that the study of nervous diseases is a meditation upon death. Massed here, as in an Inferno, these poor 'prisoners of hope,' creep towards death. For the curse of so many of these chronic affections is that they cannot be cured and they do not kill. Involuntarily the lines of Keats are suggested:

"Here, where men sit and hear each other groan;
Where palsy shakes a few, sad, last gray hairs,
Where youth grows pale and spectre thin and dies,
Where but to think is to be full of sorrow
And leaden-eyed despairs."

But there is another side; very few suffer much, and Nature is very kind in dulling susceptibilities, and the grey sisters 'Use and Wont' bring surcease, perhaps not always of mental sorrow, but at least of acute bodily misery.

Of course in such a collection locomotor ataxia is illustrated in almost every phase and feature. Some years ago in going throrgh the Bicetre with Dejerine, at that time the physician, I was surprised by the extraordinary richness and variety of the tabetic material, and it is the same today. Arthropathies, atrophies, combined forms, with all sorts of anomalous symptoms, may be studied here as perhaps nowhere else. Multiple sclerosis is also very common. It is remarkable how much more frequent the dis-

ease is in Europe than with us. Bramwell has recently called attention to this in an interesting article in his new Quarterly Journal (Clinical Studies), and quotes figures from different American sources. It is certainly a rare disease at the Johns Hopkins Hospital. I do not think it is overlooked. Years ago in Montreal I had a chance to study three cases clinically and anatomically--among the first cases reported in America--and I have ever since been interested in keeping track of the progress of our knowledge in the disease. We certainly do not see so many cases. Of course the forms which simulate hysteria and to which Buzzard has called attention, are often missed, and I have tripped several times over the spastic variety. Syringomyelia is another disease of complex symptomatology which has to be studied in these"concentration camps," where the cases may be followed for a long series of years. Take for example the spasmodic form, which has been separated by Marie, and so well described in an essay by Georges Guillain, whose visit to the United States last year many of us remember with pleasure. Remarkably chronic and beginning with the usual symptoms, when fully developed there are (1) the characteristic attitude, the head flexed, the arms extended along the trunk and the hands clasped over the pnbis; (2) the thorax en batteau, or carinated (boat-shaped), not in the lower part, as in the funnel breast, but in the upper part in front; the strong forward projection of the shoulders helps to emphasize the sunken appearance of the upper part of the chest; there is usually scoliosis; (3) the preacher's hand; the three last fingers are strongly flexed on the palm; the thumb and index finger retain their mobility and are extended or only slightly flexed; (4) the spastic state of the legs and gait; (5) the characteristic disturbances of sensation. There is one case

which illustrates a most unusual etiology in syringomyelia; viz., an ascending neuritis. The patient presents today a typical picture of the disease, with remarkable scoliosis, thermo-anaesthesia, etc. At the age of twenty-nine he had a prick in the palm of the left hand, followed by an abscess and an ascending neuritis leading to atrophy of the muscles of the arm. At the age of 37 the patient was examined by Madame Dejerine-Klumpke, who reported the case in her well known Thesis on Polyneuritis. Guillain has described the present condition in his essay.

Parkinson's disease in all its phases; one extraordinary patient who, when stood upon his feet, literally shot forward with an indescribable rapidity. Everywhere the tell-tale 'mask,' recognizable at a glance--most singular and distinctive feature of the disease. Friedreich's ataxia, family forms of spasmodic tabes, muscular atrophies of all known varieties, neuritic muscular atrophy, anomalous coordinated tics, spastic diplegias, ordinary athetoses, bilateral athetosis, cretinism and myxoedema make a clinical museum of unrivalled richness. Dr. Marie has for years studied with great care the anomalies and diseases of the skeleton. It was interesting to see a 'forme fruste of Paget's disease, indicated only by the stoop with slight shortening of the stature and the bowing of the legs. Such cases are really not very uncommon, and they may never come under the direct care of the physician. There were three instances of achondroplasic dwarfs, and Dr. Marie called attention to the relation between the stature and intelligence. Dr. Emerson, a member of my staff, who has been following Dr. Marie's clinics for some months, has, at his suggestion taken up a comprehensive study of this subject, and will be glad

to receive word of American cases.

The material illustrating the forms of combined sclerosis is remarkable, and Professor Marie very kindly arranged with Dr. Crouzon, a former interne, to give a special demonstration of some of the more unusual forms. There were represented in the wards cases of Friedreich's disease; cerebellar heredo-ataxia, the family form of spasmodic paraplegia, the tabetic form of combined sclerosis, the ataxic paraplegia of Gowers, the spasmodic cerebellar ataxic paraplegia of the old and the subacute combined degenerations, as in general paresis.

Of 55 tabetics at the Bicetre, four or five show signs of combined sclerosis; the most characteristic features are paraplegia, the gait, Babinski's reflex and optic atrophy. Dr. Crouzon showed us two very typical cases, one almost completely paraplegic, the other with well marked ataxia plus the spastic features. There were two cases of Gowers' ataxic paraplegia. A form quite new to me was the spasmodic cerebellar ataxic paraplegia of the aged. The features are (1) a progressive slow paraplegia, (2) no cause other than age, (3) no Argyll Robertson pupil, (4) patellar reflex exaggerated, (5) Babinski's reflex sometimes present, sometimes absent, (6) gait ataxic with a stagger suggestive of cerebellar disease, (7) speech thick like a drunken man. There were four cases, all with ataxia, exaggerated reflexes and a remarkable stageer resembling that seen in affections of the cerebellum.

It is remarkable amid such a collection that there were no cases of the combined sclerosis associated with anaemia, which J. J. Putnam has described so well, and which, to judge from the papers of Russell, Collier and Batten, is so common in England. With us the form which follows

the anaemia is often seen, but the form specially described by the latter writers, and which precedes the anaemia, is rare. The cases occur in younger persons, which is probably one reason why they have not been noted at the Bicetre. And then it is to be borne in mind that while the diseases of most civilized countries are alike, there are marked minor differences even among diseases of the same class.

One gets an impression at the Bicetre that the cases are very carefully and thoroughly studied. Dr. Marie is most painstaking in his examinations, and here, as elsewhere, the success of the clinique depends upon the time and labor bestowed on it by the man in charge and by the amount of work he can get out of his juniors.

99 A

"Medical Education in France (Memoranda)"

[probably written after visit to France 1908-09]

Medical Education in France. (Memoranda)

Science is cosmopolitan, and medicine as a branch of it knows neither land nor race. While Anglican surgery is as little to be recognized as French physic, yet certain traits in each country do stamp the professors of our art as clearly as the landscape. The differences are not in essentials, not in reality in the mind, but in accessories; just as it is not the face, not the features themselves, but the tint, the hair, the beard make us recognize at once the English, German or French man. In the free modern lands the great subject of education presents everywhere the same essential problems, but there are striking differences in the mode of treatment, and in the relative import--ance attached to different sections. In the intellectual lead gievn by Voltaire and the Revolution, a lead which in many depart--ments she still maintains, no one event was of greater importance than the handing over of education to state control. And herein lies the one great contrast to the conditions in this country, the Government of which does not even control primary education, and the last thing the public schools and universities wish is to have anything to do with the state. So individualistic are we in med--icine that there are 11 medical schools in London, and as portals through which a man may pass to practice. In France the Minister of Public Instruction controls everything; makes the appointments; arranges the curricula, and confers the degrees, and grants the lic--ence to practice. Who shall say which is preferable ? Do they really manage these things better in France ? The answer - make it

each

~~each one~~ for yourselves -- a land, as ~~a man gets~~ it gets the treatment it deserves.

ii. Organization of the faculties (fig.1) 15 state universities in France; 7 with full medical Faculties of the first rank -- Paris, Montpellier, Lyons, Bordeaux, Lille, Nancy, and Toulouse.

In addition there are 17 other medical schools, which come in two classes; Marseilles, Nantes and Rennes have complete curricula, also Algiers; and there are 13 preparatory schools, as at Rouen, Tours, Grenoble etc., in which the student cannot take all his studies, but only the first 12 terms.

Organization of the Paris Faculty -- one of the most ancient in Europe, it goes back to 1200 remarkable commentaries, suppressed in 1793 -- Confraternity and College of Surgeons -- Founding of the École de Santé --

Organization of the present Paris Faculty in 1808 -- Constit--ution of the Faculty -- Dean, supported by the Minister of Public Instruction; 37 titular professors, and 43 agreges. In January this year there were 40131 srudents in French universities, Paris having nearly one half -- 17502; there were 7000 foreigners, medical students, including the pharmacies, I believe, were about 8000. Paris has about 3000, Lyons and Bordeaux each about 700, and Montpellier 500.

iiii Buildings -- the old University; the College of Surgeons; the new buildings; the library; the new Practicsl School; the dissecting-room -- about 2000 bodies a year at the medical school proper, and about 700 at Clamart.

iv. Hospitals -- Assistence Publique; 29 members, a director, and a secretary control abput 40000 sick, insane, feeble minded and foundlings; of which number between 15 and 16 thousand are hos--pital patients.

Advantages.

Advantages -- centralization, co-administration, economy of management; uniform system of competitive examinations for appointment.

Disadvantages -- machine-like organization difficult to alter absence of healthy competition. The Public Board repels, rather than attracts private benefactions. Notable exceptions, Pasteur, Boucicaut, and Rothschild Foundation; insignificant in comparison with London or New York.

14 general hospitals which admit about 90000 patients a year, each with its own district (map); the largest Tenon, Hotel Dieu, Beauji St.Antoine, and Lariboisiere. 9 special hospitals for adults; 8 hospitals for children. The reports of two years ago, 145497 patients of all classes there were 16806 deaths, an average of 1 in 8 -- comparison with Frank's figures just a hundred years ago, 1805, the mortality was one to four, the average duration in hospital 43 days. In 1907 the mortality was 1 in 9.5; the average stay in hospital 24 days. The budget of the Assistence Publique is about 2½ millions sterling; a loan of nearly 2 millions has been made for rebuilding.

v. The medical student -- The greatest advantage of the state control of education is perhaps seen in the work of the secondary schools, which are known as lycées, when it is under the direction of the state; or a college when under the control of a municipality. A boy who wishes to study medicine must take his bacerlauriate, either in letters or in science before he can enter the Faculty of a university. The general impression is that he works much harder than our

ordinary

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14 general hospitals which admit about 90000 patients a year, each its own district (map): the largest Tenon, Hotel Dieu, Beaujon, St.Antoine, and Lariboisiere. 9 special hospitals for adults; 5 hospitals for children. The reports of two years ago, 1899? particulars of all classes these being lacking, an average of 1 in 6 -- comparison with France's figure just a hundred years ago, 1:30, the mortality was one to four, the average duration in hospital 43 days. In 1907 the mortality was 1 in 9.5; the average stay in hospital 24 days. The budget of the Assistance Publique is about 89 millions sterling; a loan of nearly 2 millions has been made for rebuilding.

V. The medical element -- The greatest advantage of the state control of education is perhaps seen in the work of the secondary schools, which are known as lycees, when it is under the direction of the state; by a college when under the control of a municipality. A boy who wishes to study medicine must first take his baccalaureate, either in letters or in science before he can enter the faculty of a university. The general impression is that the work is better than our

ordinary public school boy. He leaves between 18 and 19.

The course is 5 years, leading to the degree and the state licence. The first year the P.C.N., Faculty of Science -- Dominance of the hospital -- Registers at once -- Second and third year Stag--iere -- Anatomy and Physiology -- appointment as externe -- The Concour -- figures for

-- Stagiere in Professor Dieulefoy's clinic -- The Interne his imp--ortance -- Concour; number of candidates in 190 ; members sel--ected -- duration of office -- The thesis, graduation, state licence

vi Paris Professors --- peculiarities in appointment; relation to his students; relation to the hospital and to patients.

vii Pasteur Institute

viii The special characteristic of French medicine -- a relatively much higher position in the community; extraordinary reverence of the profession and of the people for their great men; the streets and squares, the churches and public buildings, all tell their story; the books repeat it; the newspapers echoe it, and with it the lecture--rooms resound -- reverence for the great men of the past. The Pantheon is but the expression in stone of this universal sentiment. The history of medicine is writ large in the ~~city~~ country in monuments and in buildings dedicated to the illustrious dead, and in streets called after their names. There are probably more statutes to medical men in France than in all Europe and America combined. Many of the hos--pitals are called by the names of ~~illustrious~~ famous physicians -- Bichet

Laennec

Laennec, Broussais, ~~Druissaut~~ Dubois, Bernard; every ward is dedicated to some distinguished man. Every Frenchman is a hero-worshipper, and has his master dead or alive. To a few of these heroes we will now pay our homage.

Two drafts of

"A Paris Hospital"

[probably written just after Sir William Osler's visit to Paris 1908–09]

[the written draft lacks the first leaf]

of Carnegies & Rockefellers could have put Germany in their unique position as the exemplar; but the condition of the Paris Hospitals today illustrates a serious danger which besets public institutions under democratic control. [illegible] The city is rich, the country is very rich, but somehow the people in control have been asleep, — there has not been that keen sense of responsibility to the nation which in Germany has forced the rebuilding of their great charitable & scientific institutions within the past twenty five years. Much is being done, much has been done, much more remains to do.

There are fourteen general hospitals in Paris which in 1907, 85.643 patients were admitted. Each Hospital has its own district from which to draw. The five largest are perhaps are the Tenon, the Hotel Dieu, the Beaujon, St-Antoine & Lariboisière which in 1907 admitted each about 10.000 patients, the Tenon 13.380. La Pitié, Charité Necker & Cochin admit from 4000 to 6000 patients annually. The Laennec, Bichat Broussais & Boucicaut are the smallest hospitals. There are nine special hospitals for adults of which the most important are the St Louis for skin diseases & Syphilis, the obstetrical cliniques, Accouchement, Baudelogue and Tarnier, and the new Claude-Bernard hospital for infectious diseases. A total of 38.140 patients were treated in these institutions in 1907. There are eight hospitals for children to which 21.708 patients were [illegible] the city and in 1907 admitted [illegible] patients. The general administration is under the control of a Director, who is responsible to the assistance Publique. The staff comprises 8 physicians, 2 surgeons, 1 laryngologist 1 accoucheur, 18 internes and 65 externes, with a certain number of stagiaires assigned to two or three of the services. One of the official medical cliniques of the faculty, that of Professor Hayem, is connected with this Hospital.

The personnel of the Hospitals forms a corps d'élite of which Paris may well be proud. The title Medicin or chirurgien des Hôpitaux is one of the most coveted in the profession. The position is one of

admitted in the same year. The grand total is 145,497 patients all classes, with 16,806 deaths an average of about 1 in 8. It is interesting to Compare the mortality to day with that of 100 years ago as given by Frank in the letters I spoke of, in the large hospitals like the Hotel Dieu, Charité & St Antoine it was only about one half. In the Hotel Dieu the mortality in the year 1805 was 1. in 4 and the average duration of stay each patient was 43 days. In 1907 the mortality was 1 in 9.5 and the average stay in hospital was 24 days.

The Budget of the Assistance Publique for the year 1908 was more than 13 millions of dollars. Since 1903 great reforms have been in progress. A loan of $9,000,000 was authorized for the rebuilding of some of the Hospitals, of the most interesting and this work is in active progress. At the Cochin the new medical wards for Dr Widal are models of simple yet thorough construction — a block with the central building for administration and laboratory purposes and two story wards on either side. The clinical laboratory arrangements are the best I have ever seen — large rooms on both floors of the central building for chemical physiological, radioscopic & microscopic work. Such a contrast to Dr Widals present wards which are — well to say the least unique, and yet it is interesting to note that some of the best work done in Paris of late years has come from there. Old wooden pavilions which look as if they had been built before the Revolution

To the new infectious hospital for adults, the Claude-Bernard is admirably arranged I had the pleasure of a visit & talk with Dr Teissier and It is admirably arranged, a model of modern construction. A severe test was experienced in the heavy epidemic of scarlet fever last



of the city and in 1907 admitted nearly 10000 patients. The general administration is under the control of a Director, who is responsible to the Assistance Publique. The staff comprises 8 physicians, 2 surgeons, 1 laryngologist 1 accoucheur, 18 internes and 65 externes, with and a certain number of stagiaires assigned to two or three of the services. One of the official medical chairs of the Faculty, that of Professor Hayem, is connected with this Hospital.

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great responsibility & of great opportunities personal development. Again the Concours which the French have solved the eternal difficulty hospital appointments. Every year a certain number of vacancies occur, and a jury is created from the physicians & surgeons to conduct the Concours. It is a laborious & difficult as and the number of candidates very large. Thus in 1902 there were 66 applicants six medical vacancies and 25 for two surgical positions. To those [illegible] who have been through other systems — the canvas of a couple hundred Governors, the wire-pulling of local politicians, the nepotism of close corporation or faculty — the concours seems as if there was [illegible] an open field & fair



year (1907); of 4422 admissions 2264 were of this disease. The new Pitié, rapidly approaching completion on high ground overlooking the Salpêtrière, will accommodate 800 patients. The Trousseau, Bretonneau, Broca & Boucicaut and several of the Maternities are new. So that A great deal more has been done than the casual visitor to Paris would suppose, as he is apt to see the Beaujon, Charité Laennec, Necker, St Louis or the XXX Pitié and gets his impressions from these old buildings.

But a fairer idea of the arrangement of a Paris Hospital will be had if I give my impressions of St Antoine which I visited very often with Dr Rist and Dr Vaquez. Like many others it was an Ecclesiastical foundation, dating from the 12th century, and converted to its present uses during the Revolution. Some of the old buildings are still in use, and those constructed during the last century are far from satisfactory. The Isolated wards are new. It is one of the large Hospitals of the city and in 1907 admitted nearly 10000 patients. The general administration is under the control of a Director, who is responsible to the assistance Publique. The staff comprises 8 physicians, 2 surgeons, 1 laryngologist, 1 accoucheur, 18 internes and 65 externes, with a certain number of stagiaires assigned to two or three of the services. One of the official medical chairs of the Faculty, that of Professor Hayem, is connected with this Hospital.

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To Provide - this comes at bottom of next page.

dignity, great responsibility & of great opportunities for professional development. Again the Concours, by which the French have solved the clerical difficulty of hospital appointments. Every year a certain number of vacancies occur, and a jury is appointed from the physicians & surgeons to conduct the Concours. It is a laborious & difficult procedure and the number of candidates as is very large. Thus in 1902 there were 66 applicants for six medical vacancies and 25 for two surgical positions. To those who have been through other systems — the canvass of a couple of hundred Governors, the wire-pulling of ward politicians, the nepotism of a close corporation or faculty — the concours seems ideal, and its work as it there was an open field & no favor. Surely brains should tell and judging the system by its fruits I should say they do tell; but there are at present in Paris sharp critics of the concours. It is said to be impossible to avoid favoritism, but a more serious charge is that it keeps an able man with his eye fixed on the examination and not in the true work of his profession. Many men go up for the concours six eight or ten — even more — times before successful. It would be better if in some way the character of the work a man has done could be made to count — if 50 per cent of the value of examination rested with his scientific record. A man may not get a service at once but has to help as assistant or as substitute. The arrangement of the services at the different Hospitals is settled by the general staff

(Piece on preceding page comes here

for [illegible] became distressing. The pallor of the patients at once attracts attention, but this is a national, one may say, a continental trait. In Asiatic America we are not a pubescent people but the French as a race present an even more general facial ischaemia — relative, of course, the fallow tint of the darker races. The contrast to the Hospital population of England is startling not much to the patients from the poorer quarters of the large cities, but to those in the better-class institutions. It is astonishing the rareness of the cases in modern hospital As I went through the wards with Osler it might have been any one the wards of

Johns Hopkins Hospital in the spring in
summer. In an autumn and winter
service his diseases were conspicuous by their
absence typhoid fever and pneumonia.
The former has become scarce in Paris of late
years - this I knew, but I was not prepared
to see so few cases of pneumonia. I could not
learn the statistics of the general hospitals but-
from conversation with the chiefs it is I
gathered that it is not nearly so prevalent
in England & America. One would suppose
the conditions in Paris to be very favorable
to Dr Béclère's, work, in which Dr Rist has
charge ~~the~~ all sorts of general medical
cases are admitted, but an excellent
practice prevails at certain hospital



Normally work begins at 9 am in all the
Hospitals - many chiefs are punctual, many
are not. A chief ~~resident~~ may go directly to the wards
where the sick, or he will see special cases
first; most commonly he will have one or
two ~~special~~ days for these patients. If the service
is one to which Stagiaires are assigned the
visit is crowded, if not the chief may have
only two or three ~~visits~~ besides his interne & externes.
The wards of the Rothschild hospitals like the St Antoine
are not attractive and it would be difficult
to make them so but one missed the bright
cheerful appearance of the English hospital
ward, with the open fire places, and the plants
& flowers. ~~The wards of the Rothschild hospitals~~. There is apt to
be overcrowding ~~the~~ & it is exceptional not
to see the centre of the ward occupied by
beds. Over heating is common - the fresh air
cult has not reached Paris. I enjoyed the
pleasant contrast to English wards where
in winter I am half frozen, but sometimes
one got into a crowded room when the absence
of oxygen became distressing. The pallor of
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the fevers Hôpitaux Hospital in the Spring or Summer. For an autumn and winter service two diseases were conspicuous by their absence typhoid fever and pneumonia. The former has become scarce in Paris of late years – this I knew, but I was not prepared to see so few cases of pneumonia. I could not get the statistics of the general hospitals but from conversation with the chiefs it is I gathered that it is not nearly so prevalent as in England & America. One would suppose the conditions in Paris to be very favorable to it. Dr Béclère's ward, in which Dr Rist has charge of all sorts of general medical cases are admitted, but an excellent practice prevails at certain hospital which allows the chief to specialize and to devote his service largely to certain diseases. Thus Dr Béclère has charge of a special X Ray service – out-patient almost. As subsidy – while Dr Mathieu devotes himself to diseases of the stomach & intestines & Dr Vaquez to diseases of the Heart & Blood-vessels, and there are large Laryngological, Gynecological & Obstetrical services. An active ambitious man once in charge of wards may develop a clinique of the very first rank, though he may have no official position in the faculty. Dr Vaquez has specialized in diseases of the blood-vascular system and in demonstrations and lectures in the wards & his Wednesday "Talks" chiefly to post-graduates, & a large number of interesting cases are presented, of which he has about 125 beds, fully one half devoted to diseases of the heart & blood vessels. The cases are very thoroughly studied, and all the clinical appliances are up to date. The

the possibility of hearing soft murmurs and pericardial rubs which the unaided ear would miss are advantages universally acknowledged – except in Paris!

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See orig. MS of this beginning p.2 line 2 - W.W.F. 1-viii-21.

## A Paris Hospital.

The unique Hospital system of Paris has the following advantages, (1), centralization of control; (2), coordination with all the other charitable and relief associations, (3), economy of management in as much as, to mention but one point, supplies of all sorts are obtained at the lowest possible rates; and (4), a uniform system of competitive examination for appointments on the staff. A Board, known as the Assistence Publique, consisting of 29 members, a general director and a secretary, controls the Public charities of all kinds, and directs the management of between 35,000 and 40,000 persons, sick, insane, feeble minded, foundlings etc. Of these about 15,500 are regular Hospital patients.

On the other hand the system has many disadvantages, so far as the Hospitals are concerned: --- (1), a machine-like organization is difficult to alter, it is hard to get it to change its to adapt itself to new conditions, and the backward state of many of the Paris Hospitals may be, in part, attributed to an absence of that healthy competion which in England and America has done so much to improve the Charitable Institutions; (2), A public Board with civic and state support repels rather than attracts private benefactions. There have been some notable bequests as at the Pasteur, the Boucicaut, and the Rothschild foundations, but they bean insignificant in comparison with the millions of pounds given in London, and the tens of millions of dollars given in New York, Boston, Philadelphia, Baltimore and Chicago; (3), When well and

liberally

liberally done , State support leaves nothing to be desired. An army of Carnegies and Rochepellars could not have put Germany in the unique position she occupies; but the condition of the Paris Hospitals today illustrates a serious danger which besets public institutions under democratic control. The city is rich, the country is very rich, but somehow the people in control have been asleep, and there has not been that keen sense of responsibil--ity to the nation, which in Germany has forced the rebuilding of their great charitable and scientific institutions within the past twenty five years. Much is being done, much has been done, much more remains to do.

There are fourteen general Hospitals in Paris, to which in 1907, 85?643 patients were admitted. Each Hospital has its own district from which to draw. The five largest are, the Tenon, Hotel Dieu, Beaujon, St.Antoine and Lariboisiere, which in 1907 admitted each about 10,000 patients, the Tenon 13,380. La Pitie, Charite Necker, and Cochin admit from 4,000 to 6,000 patients annually. The Laennec, Bichat Broussais and Boucicaut are the smallest Hospitals. There are some special Hospitals for adults, of which the most important are the St.Louis for skin diseases and syphilis, the obstetrical cliniques, Accouchmnet, Baudeloque and Tarnier, and the new Claude-Bernard Hospital for infectious diseases A total of 38,140 patients were treated in these institutions in 190 There are eight hospitals for children to which 21,708 patients were admitted in the same year. The grand total is 145,497 pat--ients of all classes, with 16,806 deaths, an average of about one in eight. Comparing the mortality today with that of 100 years

ago

ago, as given by Frank in the letters I spoke of, in the large hospitals like the Hotel Dieu, Charité and St.Antoine it is only about one half. In the Hotel Dieu the mortality in the year 1805 was one in four, and the average stay of each patient was 43 days. In 1907 the mortality was one in 9.5 and the average stay in Hosp--ital was 24 days.

The budget of the Assistance Publique for the year 1908was mofe than thirteen millions of dollars. Since 1903 great reforms have been made in progress. A loan of 9,000,000 was authorized for the rebuilding of some of the Hospitals, and this work is in active progress. At the Cochin the new medical wards for Dr. Widal are models of simple yet thorough construction -- a block with the central building for administration and laboratory purposes and on either two storey wards. The clinical labatory arrangments are the best I have ever seen -- large rooms on both floors of the central nuilding for chemical, physiological, radioscopic and microscopic work. Sich a contrast to Dr.Widal's present wards which are -- well, to say the least, unique; and yet it is inter--esting to note that some of the best work done in Paris of late years has come from these old wooden pavilions which look as if they had been built before the Revolution.

To the new infectious hospital for adults, the Claude-Ber-nard I had the pleasure of a visit with Dr.Teissier. It is admir--ably arranged, a model of modern construction. A severe test was experienced in the heavy epidemic of scarlet fever last year (1907); of 4,422 admissions 2,264 were of this disease. The new

Pitie, rapidly approaching completion on high ground over-looking the Salpetriere, will accomodate 800 patients. The Trousseau, Bretonneau, Broca and Boucicaut and several of the Maternities are new. A great deal more has been done than the casual visitor to Paris would suppose, as he is apt to see the Beaujon, Charite, Laennec, Necker, St.Louis or the Pitie, and gets impressions form these old buildings.

The personnel of the Gospitals forms a corps d'elite of whic Paris may well be proud. The title Medicin or Chirurgien des Hopitaux is one of the most coveted in the profession. The posit-ion is one ofdignity, responsibility and of great opportunities for professional development. Again the Concour, by which the French have solved the eternal difficulty of hospital appointments. Every year a certain number of vacancies occur, and a jury is appoi-nted from the physicians and surgeons to conduct the concour. It is a laborious and difficult procedure as the number of candid-ates is very large. Thus in 1902 there were 66 applicants for six medical vacancies, and 25 for two surgical positions. To those of us who have been through other systems -- the canvas of a couple of hundred governors, the wire-pulling of ward politicians the nepotism of a close corporation or faculty -- the concour seems ideal, and it looks as there was an open field and no favour. Surely brains should tell, and judging the system by its fruits I should say they do tell; but there are at present in Paris sharp

critics

critics of the concour. It is said to be impossible to avoid favoritism; but a more serious charge is that it keeps an able man with his eye fixed in the examination and not in the true work of his profession. Mnay men go up fot the concour six, eight or ten or even more times before successful. It would be better if in some way the character of the work a man has done could be made to count -- if 50 per cent of the value of the examination rested with his scientific record. A man may not get a service at once but he has to help as assistant or as substitute. The arrangement of the services at the different Hospitals is settled by the gener--al staff.

A fair idea of the arrangement of a Paris Hospital will be had if I give my impressions of St.Antoine, which I visited very often with Dr.Rist and Dr.Vaguez. Like many others it was an Ecclesiastical foundation dating from the i2th century, and convert--ed to its present uses during the Revolution. Some of the old buildings are still in use, and those constructed during the last century are far from satisfactory. The obstetrical wards are new. It is one of the large Hospitals of the city, and in 1907 admitted nearly 10,000 patients. The general adminstration is under the control of a Director, who is responsible for the Assistance Publique. The staff comprises eight physicians, two surgeons, one laryngologist, one accoucheur, eighteen internes and sixty five externes, with a certain number of stagiares assigned to two or three of the servics. One of the official medical cliniques of the Faculty, that of Professor Hayem, is connected with this Hospital.

Nominally

Nominally work begins at 9 a.m. in all the Hospitals. Many chiefs are punctual, Many are not. A chief may go directly to the wards, whihc is the rule, or he will see special cases first; more commonly he will have one or two days for these pat--ients. If the service is one to which stagiares are assigned the ward is crowded, if not the chief may have only two or three besides his internes and externes. The wards of the old Hospitals, like St.Antoine, are not attractive, and it wo ld be difficult to make them so, but one misses the bright cheerful appearance of the English Hospital ward, with the open fire-places and the plants and flowers. There is apt to be over-crowding, and it is exceptional not to see the centre of the ward occupied by beds. Over heating is common, the fresh air cult has not reached Paris. I enjoyed the pleasant contrast to English wards where in winter I am half frozen; but sometimes one got into a crowded room when the absence of oxygen became distressing. The pallor of the patients at once attracts attention, but this is a national, one may say a continental trait. In North America we are not a rubicund people, but the French as a race present an even more general facial isch--aemia -- relative of course, the sallow tint of the darker races. The contrast to the Hospital population of England is striking, not so much to the patients from the poorer quarters of the large cities, but to those in the better class institutions. It is astonishing the sameness of the cases in modern Hospital. As I went through the wards with Dr.Rist it might have been the wards

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of the Johns Hopkins Hospital in the spring or summer. For an autumn and winter service two diseases were conspicuous by their absence, typhoid fever and pneumonia. The former has become scarce in Parss of late years -- this I knew, but I was not prepared to see so few cases of pneumonia. I could not get the statistics of the general hospitals, but from conversation with the chiefs I gathered that it is not nearly so prevalent as in England and A America.

One would suppose the conditions in Paris to be very favorable to Dr.Becleres wards of which Dr Rist has charge, all sorts of general medical cases are admitted, but an excellent practice pre--vails at certain hospitals which allows the chief to specialize, and to devote his service largely to certain diseases. Thus Dr. Beclere has charge of a special X-ray service -- out-patients almost entirely -- while Dr.Mathiew devotes himself to diseases of the stomach and intestines, and Dr.Vaguez to diseases of the heart and blood-vessels, and there are large Laryngological, Gynecological and Obstetrical services. An active ambitious man once in charge may develope a clinique of the very first rank, though he may have no official position in the faculty. Dr.Vasquez has specialized in diseases of the vascular system, and in demonstration in the wards and his Wednesday' talks', chiefly to post-graduates, a large number of interesting cases are presented. He has about 125 beds, fully one half of which are devoted to diseases of the heart and blood vessels. The cases are very thoroughly studied, and all

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